

## CCA Scanning Cover Sheet



CaseNumber: WR-78,107-01

EventDate: 09/28/2012

Style 1: CHANTHAKOUMMANE, KOSOUL

Style 2:

Event code: 11.071 ADD'L VOLUME

EventID: 2499634

Applicant first name: KOSOUL

Applicant last name: CHANTHAKOUMMANE

Offense: 19.03

Offense code: Capital Murder

Trial court case number: 380-81972-07-HC

Trial court name: 380th District Court

Trial court number: 320430380

County: Collin

Trial court ID: 903

Event map code: GENERIC

Event description: Habeas Corpus - Capital Death

Event description code: 11.071

Remarks: VOL. 2 OF 5 VOLS.

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81972  
CAUSE NO. W380-80972-07-HC

RECEIVED IN  
COURT OF CRIMINAL APPEALS  
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Louise Pearson, Clerk

EX PARTE: KOSOUL CHANTHAKOUMMANE

IN THE 380<sup>TH</sup> DISTRICT COURT

VS.

OF

THE STATE OF TEXAS

COLLIN COUNTY, TEXAS

11.071  
TRANSCRIPT

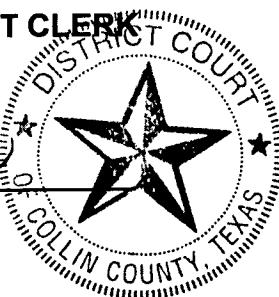
VOLUME 2 OF 5

SENT TO THE COURT OF CRIMINAL APPEALS IN AUSTIN, TEXAS ON THIS  
THE 25<sup>TH</sup> DAY OF SEPTEMBER, 2012.

ANDREA STROH THOMPSON, DISTRICT CLERK

BY:

REBECCA HENIGSMITH  
DEPUTY



**CAUSE NO. W380-80972-07-HC**

**EX PARTE: KOSOUL CHANTHAKOUMMANE** **IN THE 380<sup>TH</sup> DISTRICT COURT**  
**VS.** **OF**  
**THE STATE OF TEXAS** **COLLIN COUNTY, TEXAS**

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WRIT NO. W380 - 81972-07(HC)  
TRIAL COURT NO. 380-81972-07

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IN THE 380th JUDICIAL DISTRICT COURT  
COLLIN COUNTY, TEXAS

and returnable to

THE COURT OF CRIMINAL APPEALS  
OF TEXAS

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EX PARTE KOSOUL CHANTHAKOUMMANE

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APPENDIX VOLUME 1

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HANNAH KUNKLE  
DISTRICT CLERK  
COLLIN COUNTY, TEXAS

DAWNE BURGESS

WRIT NO. W380-81972-07(HC)  
TRIAL COURT NO. 380-81972-07

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TRIAL COURT NO. 380-81972-07

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## Exhibit 1

Affidavit of Komonh Chanthakouummane

AFFIDAVIT

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this date personally appeared Komonh Chanthakoummane who upon his oath does hereby swear and affirm that the following statements are true and correct:

1. My name is Komonh Chanthakoummane and I am the father of Kosoul Chanthakoummane. I was born and raised in Laos. I came from an area in the mid or center of Laos, a small town like Mount Holly. <sup>My State was Savannakhet.</sup> It was farmers mostly, not a lot of industry or restaurants. I was the second child of seven children. My mother had a total of nine children in all, although two of them died when I was quite young. My parents were farmers. It was all done by hand and the children would help. My mother made noodles and in Laos, making noodles took a long time and was done by hand. I would help her. I would go and catch fish for the soup and climb the coconut trees.
2. Helping your family was expected. When I was in the Army I would send money home to help my mother. In Laos, the children grow up and they take care of their parents. Here, it is the reverse. If you tell children here to help, they expect to be paid! In my family, we always had a place to stay and we had food to eat. I went through high school to the equivalent of eleventh grade.
3. I had an uncle who was high up in the Lao Army. He had a region that he controlled and had people and a staff who worked for him. I joined the Lao Army and I worked with my uncle in that region from 1966 until 1969. Sometime around 1968, the Americans sent me to Vientiane to learn the operations of cinema, showing movies. I worked with a Captain Bush. In 1969, the Communists came and the Muong Xui region fell to the Communists. We left Muong Xui in September 1969. After a couple of stops in other places, we ended up going to Thailand for about three months. While there, I received some additional

*The Americans took us to Thailand. KC*

training in how to read maps. The Americans supervised this and paid for everything.

4. I moved on to Pok San but got sick with malaria and had to go into the hospital. From the hospital, I went to Vientiane to rest for a month and was then sent to work with a group that put out pamphlets or magazines to send to the troops. It was from there, around 1971, that I was sent to join a troop that watched for ~~near the Plain of Jars~~ <sup>near the Plain of Jars</sup> Communists. There were about thirteen people in my troop but about forty people in my camp. It was like in Iraq where you set up a camp to see if you will have to fight. If I would encounter someone, I would fight. I had combat twice although I always carried my gun with me. I moved around some. We were fired on and I remember I jumped into my bunker and was very scared. After that, we had to move to a different camp. This was a time when I was exposed to gunfire and bombing.
5. Around 1972, I was sent for more learning. I was promoted and then sent back for more basic training, where I was taught to parachute jump. After that, I was sent back to work in the office with the magazines until 1973, when the Communists came.
6. Things changed in 1975. The Communists had taken over by that time and they then sent the people who had been soldiers to Seminar, a reeducation camp. My uncle was placed in one of these camps, where he stayed for the next thirty years. It was also a work camp and we had to build the places where we were going to stay. I remember going to the jungle to cut the wood to make the dorms and rooms for the camp. After about six months, I was given the job to fish for the camp. I asked the boss of the camp if I could have a leave to go to Vientiane. I had married in 1975 and my wife was pregnant. I was given two weeks off and went to see her.

7. After two weeks, I did not want to leave Vientiane, did not want to go back to the reeducation seminar. I stayed and found a place nearby to work. My young sister in law came and told me that she heard that the Communist Army was looking for me. I told my wife that I must go and I went to where my parents lived, on an island in the middle of a large lake. Then my sister in law found me again and told me they were coming around and looking for me again. I told my parents that I had to leave, that I had to go to Thailand. If the Communists found me, they would kill me. Laos was no longer safe for me. I was scared that they would not give me a fair trial, or would capture me and kill me or put me someplace much worse. While trying to make these arrangements to get away, I actually saw several of the people from the old Army. I jumped on a truck and went back to Vientiane before leaving for Thailand. By this time, my wife was six months pregnant and it was too dangerous for her to try to escape. My wife and sister in law came to meet me with rice, pants, shirts and a blanket. I told them to leave me there and I walked away to go and get the boat. That was the last time I saw my wife. I had 140 Thai money w/ me, \$5. The boat was meant for one person. The boatman told me they would shoot me on sight. He gave me a grenade to use to protect myself. K C
8. That night, I went to Thailand on a boat. I got to Thailand and I had nowhere to go. I could hear the Thai Army. I had to just wait. K C I had a small bag with my clothes, no shoes and no identification. I got on back of a taxi type truck and tried to look like I worked on it and that way managed to get through the gates. I had a friend who lived in Thailand, I managed to find him and I lived there with him for about one year.
9. I missed my wife and baby so much but it was far too dangerous for me to go back for them. I saved my money and gave a friend of mine \$1000 of Thai money to go and look for my wife. They came back and say that your home is empty. I waited and then they went back. They say that they learned that she was staying with my parents on the island. It was still far too dangerous for me to go back to

Laos so I say that I have to go and save my life. I never saw my baby or my wife again. I decided I would go to Ubon. I was around twenty-five years old. I met Phong, Chanh and Kominh while I was in Ubon. Phong's mother was from Ubon. Her mother had married a man in the Lao Army and her mother and father were still in Laos. Phong had come to Ubon.

10. I had a rickshaw and I was trying to make money for Phong, myself and the boys, my new family. I had a customer who was from the refugee camp and they asked me why I was not at the camp? They told me that they had food there and we would be taken care of. Phong and I talked about it and decided to go into the refugee camp at Ubon. There was one problem. None of us had any papers and so we went in without any papers. We said that Phong was my wife and that the boys were our children. We had very few possessions. We moved to the camp and moved in with Phong's cousin. They had a place that was one room only. There was no electricity, no indoor water, no indoor toilet. It was so crowded that I had to sleep outside of the room on the ground. I was able to still get outside and to work some. While the Camp had food and they had clothing, it was not enough to take care of my family. By going outside to work, I could have money to buy food for my family. I saved up my money and we were able to build a small hut just for our family. It too was very small without plumbing. My wife got pregnant with Sophia in 1978. There was some medical care there at the Camp but we did not need it. Sophia was born at home in February 1979, in the hut, and I was there.
11. About April, we decided to apply to go to a new country. I remembered that my American boss always had said that if something happened to my country, that I should come to his country. I thought that I must go to America. I found the place to interview to come to America. I learned that you had to have worked for the American Army to be allowed to come to America. I told them that I had

worked for the Army and they gave me a test and asked me to identify certain things. The lady, Miss Bertha, knew of my uncle and she also knew Captain Bush, who had died. I was approved to go to America. Every day for three months, I would go to look at the list to see if my name was there, did I have a sponsor yet. Then one day my name did show up on the list and they showed me on the map where we were going to: Gothenburg Nebraska. They flew us to California on an empty cargo plane, one that had come over to Thailand full of supplies and was returning with us.

12. We waited four or five hours at the airport in Nebraska before our sponsor came. We stayed with a family for four months and the second week there I got a job. My English was not so good back then. If I wanted to speak, I had to carry a dictionary. Three people helped us in Gothenburg: Donna Kaiser, Erin Saitock and I found work at Boyd Grant. I rode a bicycle to work. There was no job training but they did help me to find a job. There was no real aid but when I went to the store to get clothes or food, I would sign something and it would be covered. The sponsor would take my paycheck to cover our rent expenses. When we left there, that help was gone.
13. My wife started feeling sick and she had bad back pain. My sponsor tried to help her, she took my wife to the store, and she bought her aspirin. She was supposed to see a doctor but they just gave her aspirin instead. I began to talk with other people who had come from Thailand and had settled in the area. They told me about other areas that had better schools, had better jobs and maybe more people from Laos. They told me I have to go, if I stay here I will have nothing. I did not want to go but my wife told me that she would leave me if I did not go. A Thai lady told me that she would take us to this other town where there were some Hmong people from Laos. I called my sponsor, Erin Saitock and told her that we were leaving. She gave me a mattress that we put on the truck

and just took our clothes and blankets I could hear her crying and I did not want to go but my family was going to leave me if I did not go. We left and Erin gave me \$100 and Janet gave me \$20. A Thai lady gave me money for gas. By this time, my wife was pregnant with Kosoul.

14. From Nebraska, we went to Illinois, where again we knew no one. I knew of a Hmong person living there and these people led me to his house. I knocked on the door. I did not know this person and they did not know that I was coming. He opened the door and just looked at me. He asked how did I get here and I told him the story of how another Hmong person had connected us, that I wanted to stay with a Lao person. He asked if I had any cousins and when I said no, he said I could come in and stay with them. Then I told him that I had a wife and three children. He told me to go and get them, we could stay with them. We stayed with these people for one month. They helped us with paperwork and helped us to find an apartment. We also met a family from Thailand and they helped us a lot as well. First we were in East Moline and then ended up in Rock Island Illinois. My wife and I went to school to learn English. My wife finally got to see a doctor. He told her that part of her spleen was diseased and that they had to cut it out.

15. Kosoul was born while we lived in Rock Island. I do not remember my wife having any problems or complications with her pregnancy apart from her back pain and the problems with her spleen. They had told us that it would be a difficult pregnancy but it was not. Kosoul arrived one month late and came very quickly. *I heard that his cord was wrapped around his neck.* We were living in a two-bedroom apartment in Rock Island. Having a boy made me very happy. My wife seemed to give all of her affection to Monica, Monica was her girl. There was not so much affection for the boys. He was a little fatter than my other children had been as a baby- although we called him Noi, which means small. He was slow to

talk compared to the others and when he spoke it seemed like a slower pace. Kosoul seemed slower to do these things than Monica. By two years old he could speak a little bit.

16. When Kosoul was about a year or a year and a half, we moved again. I was okay to stay in Rock Island. I had a job and was in school. But my wife had a cousin in Columbus Ohio and she wanted to go and stay with them. We had stayed with these same people in the Camp. We asked them to find us an apartment. Kosoul was here from about age one until he was about two and a half. I do not remember any difficulties. He was a mild child. He never cried much, was calm. He did not have temper tantrums, he was easy going. In Laos, small children sleep with their parents and Kosoul slept with us. Maybe once or twice he went to the doctor, I don't remember more.
17. We stayed in Columbus for maybe a year. There were no jobs and I did not work. We applied for assistance. My wife had a best friend from Laos who lived in Rochester New York. Her husband worked for Kodak. We moved to Rochester so my wife could live near her friend. In Rochester, we had three bedrooms. Kosoul continued to sleep with us. We stayed in Rochester for about two years. Kosoul was not a naughty child. He seemed friendly to other children. He did not seem to need much discipline. There were no problems that I remember with temper or with sleeping. His language did not seem as developed as Monica's language had been at that age.
18. My wife had another friend who lived in Spartanburg South Carolina. This friend told us that if you want to work, this is the place to come. She said that even people who don't speak English are getting hired. My wife's English was not every good and she was interested in working. I did not like the idea of moving again. We got to South Carolina and the company that the friend had told us

about had closed. I applied for many jobs but could not get hired. I met someone at my cousin's house who told me that he knew about a job in Charlotte, to come and see him on Monday, that he had a job for me. He drew me a map to his apartment. I showed up at his apartment at six in the morning, knocking on his door. He told me, "wait until 9:00; no one is open yet." He took me around and two weeks later, I had a job at Woonsocket Spinning. That was when we moved to Charlotte. To this point, Kosoul had not done any schooling or Headstart because my wife was at home with him. He went into kindergarten at age five. We lived in a two-bedroom apartment for a couple of years before we bought a house on Fort Street. Kosoul continued to sleep with us. I stayed at Woonsocket until 1988. My wife also went to work when we moved to Charlotte. My wife worked nights and I worked days. My wife had never learned to read or write in Lao and she could not read or write in English either. She could not speak English well at all. If anything needed to be done for Kosoul at school or as far as doctor's appointments, I would always be the one who would have to take time from work to make appointments, to keep appointments.

**19. Punishment was very different in Laos from how it is here in America.**

Punishment was handled in my Laotian family by lecture to start with. The second time there would be another lecture and a warning that physical punishment would come next. The physical punishment would be more like a hard pinch, done to teach the children. The kinds of things you could get punished for would be not going to school, or having gone into the community to steal something.

**20. Here there are agencies that help you with your children, tell you how to do things or help if they are having problems. In Laos those sorts of agencies do not exist. In Laos, it is just the teachers and the parents who deal with the children. The teacher may punish also in Laos, by hitting: this is to teach the children, not**

to abuse them. That is what is very different here. Here when kids are not good and don't listen and the parent hits them, the teachers see a mark and they call the cops and you are in trouble. It is different as far as how far things can go. Here, the rights of the children are great, large. In Laos, parents are allowed to discipline. In Laos, children are afraid of their parents, the teachers, the police. When they live here, the children have no fear. We were more strict with the older boys. We would often tell them that the younger ones don't know as much, don't know any better.

21. My wife and I went to visit a cousin of hers. They were doing blue crab fishing in Alabama. There was a boat and traps for hire. They told me that I could make good money doing that. I let a younger brother come and live in our house: paying our mortgage was cheaper for him than rent. I thought I could go and make good money. I was just looking for the good thing but I forgot about all the bad things. Like high winds and storms and how you cannot work when the weather is bad. But the biggest problem was that I did not have any experience with this. The children were all in school and my wife was still a stay at home mom. I worked a lot more hours in Alabama than I had in North Carolina. It is hard for me to remember what Kosoul was like at this point. I was coming home late a lot. My wife did not work in either Louisiana and in Alabama but I was not available to help to translate at the schools, there would not have been anyone to help my wife with that.
22. I was not making very good money after crabbing for a year. We came back to visit in Charlotte and while I was there, my son made arrangements to stay in Charlotte and go to school there. He did this without talking to me. Sometime around this, KC went to live in California where he has grandparents. People were talking about Louisiana as a good place to go for crabbing- so I said okay,

and moved to Bayou Louisiana, where we lived in a trailer park, not as nice as where we had lived in Mobile. I worked very hard, very long hours.

23. One day when it was really hot and very wet out, Kosoul and I went out after a heavy rain to look for the boat. I was not driving all that fast but we hit the water on the street and hit the breaks. The truck spun and turned and the underside of the truck hit a stump. Kosoul's head hit the back of the truck. I do not remember him losing consciousness and we did not go to the hospital.
24. We moved back from Louisiana to Charlotte in around 1990. We came back to the same house. He started having problems with his ears. At some point he got a hearing aid. I do not know where or if he went to the doctor. His mother would have taken care of that. It was after Louisiana that Kosoul went to the doctor and they pulled the bug out of his ear.
25. We came back and Kosoul went to the streets. I feel like I lost him when he was about twelve or thirteen years old. He had an older friend who was from California and he would stick with that friend. When we came back from Louisiana I was working a lot. I was often not at home. Kosoul's friends became more important than his family and he spent more and more time with friends in the streets. I worked second shift back then and I would sometimes come home and he would not be there. I would drive around looking for him. When he turned thirteen or fourteen, it got really hard. By this time, my wife had gone back to work as well and I was at work. Kosoul and Monica would look after themselves.
26. There was a time after we moved back to Charlotte where Kosoul got into a confrontation with a Cambodian person, someone much older than Kosoul. This person got into a fistfight with Kosoul and three or four other people also

jumped Kosoul. I think Kosoul talked to the police about who did this and I think that he went to the hospital. He was maybe thirteen years old. Ultimately Kosoul did not want to identify this person and the matter was dismissed. He said it is very difficult to tell on other people.

27. By the time Kosoul came out of prison, his mother and I were divorced. I had sold the home and was living with a woman. I gave \$14,000 of that money to Monica for school. I gave \$4,000 to my ex-wife. I gave Kosoul \$9500 check and \$500 cash when he came out of prison. I also gave him an older model truck. Kosoul went to stay with his sister in Texas. He did not want to stay here.
28. I always saw Chanh and Kominh as my sons, my boys. In recent times, my wife has told them that I am not their father. Chanh often does not take my telephone calls or call me back. I do not talk to Kominh all that often or see him. I am raising Monica's son Mason. I do have contact with her on occasion.
29. The lawyers came to see me in Charlotte but they did not talk to me for more than an hour. <sup>They came again and talked to Monica</sup> ~~to Monica~~ They used Monica to help translate. No one ever talked to me about testifying. I would have been willing to do testify. The lawyers arranged for me to come to Texas. <sup>But I do not know who paid</sup> ~~But I do not know who paid~~ It was a Hispanic person who picked me up and took me to my motel. It was that night, after I had arrived, that I got a phone call from my nephew that my father had died. I did not know what to do. Should I stay here and hope perhaps I could see my son's face or go to take care of my father and my family? The next morning I went downstairs with Monica and the lawyers came and this time they did have a translator. They did ask me some questions that morning about my son when he was little. The lawyers had come to Charlotte before and asked me some questions. They only stayed about one hour, though, and they used Monica to help translate.

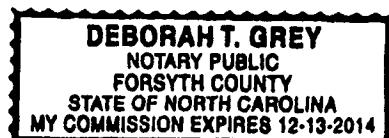
30. The lawyers asked me what you want to do? They told me, if I stay there I have nothing to do, I would only be listening. They told me you go to court to go listen and you can see your son maybe, however maybe you have to sit outside and listen. I wanted to see the face of my son. I never even went to the courthouse in Texas.

31. I would have come back to testify if they asked me to. Even if I was dead, I would come back to testify. I would do anything.

STATE OF NORTH CAROLINA  
COUNTY OF MECKLENBURG

  
3/14/10

SUBSCRIBED AND SWORN BEFORE ME, the undersigned Notary Public, on this the 14<sup>th</sup> day of March 2010.



Deborah T. Grey  
Notary Public in and for the  
State of North Carolina

## Exhibit 2

### School Records

CHANTHKOUUMMANE

MECKLENBURG SCHOOLS  
*Includes Exceptional Children's File*

# School Admin / Health Forms (DTG)

85/86	K	Chantilly	Hardin (? Hardin?)
86/87	1	Drum	J. Laedlein
87/88	2	?	?
88/89	3	Drum	Bellson(?)
89/90	3	Devonshire	Crossley
90/91	4	Tryon	LeSesne
91/92	5	Alb.	RB Smith
92/93			Tuck

CHARLOTTE MECKLENBURG  
SCHOOL HEALTH RECORD5120.5  
10-82NAME Kosoul Chanthakoummane BIRTHDATE \_\_\_\_\_

Medical problems \_\_\_\_\_

Emergency care or management of medical problem at school \_\_\_\_\_

## Physical examination or health screening

Date	Grade	Physician/Nurse Clinician	Results

## Teacher Screening

Year	Grade	Vision			With Glasses	Ht.	Wt.	Record Date			Teacher	School
		Rt.	Lt.	Both				(p) pass	(f) fail			
85/86	K	20/20	20/20			44"	39 lbs			F	Haidir	Chantilly
86/87	1st	20/30	20/30			45"	47 lbs			4/24 F	J. Reddin	Irwin
87/88	2	20/30	20/20									
88/89	3rd	20/20	20/20								Bellon	Tardin
89/90	3rd	20/20	20/20				101 lbs			10/89 P	Crossley	Devonshire
11/												

Teacher Observation and Referrals

CHARLOTTE MECKLENBURG  
SCHOOL HEALTH RECORD

5120.5  
10-82

NAME John Chanthakoumnaro BIRTHDATE 10-1-80

### **Medical problems**

**Emergency care or management of medical problem at school**

**Physical examination or health screening**

<b>Date</b>	<b>Grade</b>	<b>Physician/Nurse Clinician</b>	<b>Results</b>
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### **Teacher Screening**

Teacher Observation and Referrals

10/28/91 Reviewed Teacher screening. D.P. (digh, m)

**NURSE SCREENING AND REFERRAL RECORD**

NAME: \_\_\_\_\_

John Chaytha Kounnaro

**BIRTHDATE:**

10-180

**NURSE SCREENING AND REFERRAL RECORD**

**BIRTHDATE:**

6144.44  
9/91

**READING CHECKLIST**  
**CHARLOTTE-MECKLENBURG SCHOOLS**  
**GRADES 3-6**

NAME: John Chanthalhounman GRADE: 5

SCHOOL: Tryon Hills TEACHER: Smith

**DIRECTIONS:** Enter the code that most appropriately describes the student's reading behavior. Add pertinent comments as needed.

GOAL 1: Strategies and Processes	Code				Comments
• Sets purposes for reading	R	R	L	R	
• Previews text to anticipate content and organization	R	R	R	R	
• Uses title, chapter headings, illustrations, or graphic aids to predict content	R	R	R	R	
• Relates prior knowledge and personal experiences to topic	R	R	R	R	
• Generates questions to be answered from reading	R	R	R	R	
• Skims for specific words, phrases for information	R	R	R	R	
• Makes meaningful predictions	R	R	R	R	
• Confirms predictions	R	R	R	R	
• Applies corrective strategies when comprehension fails	R	R	R	R	
• Uses cueing systems to predict unknown words	R	R	R	R	
• Discusses, outlines or summarizes new facts, information or ideas	R	R	R	R	

CODE: M = Most of the time

S = Sometimes

R = Rarely

GOAL 2: Acquisition, Interpretation and Application of Information	CODE				COMMENTS
• Identifies story structure or organizational patterns of text	R	R	R	R	
• Creates graphic organizers that illustrate key ideas and their relationships	R	R	R	R	
• Uses information from text to clarify or refine understanding of historical or contemporary issues or events	R	R	R	R	
• Follows directions to create a product or develop an original idea based on interpretation of information	R	R	R	R	
• Solves problems or makes decisions based on interpretation of information	R	R	R	R	
GOAL 3: Critical Analysis and Evaluation	CODE				COMMENTS
• Distinguishes between statements of fact and statements of opinion	R	R	S	S	
• Makes judgments about the validity and accuracy of information	R	R	R	R	
• Recognizes bias, emotional factors, propaganda and semantic slanting	R	R	R	R	
• Recognizes attributes of various literary forms and genres	R	R	R	R	
• Compares and contrasts texts	R	R	R	R	
GOAL 4: Aesthetic and Personal Response	CODE				COMMENTS
• Reads and shares a variety of genres	R	R	S	S	
• Responds creatively to written texts	R	R	R	R	

CODE: M = Most of the time      S = Sometimes      R = Rarely

## CHECK LIST (SCHOOLS)

Name	<u>Kosoul Chanthakoummane</u>	Date	<u>8-23-90</u>
Grade placement recommendation	<u>✓ 4th</u>		
Test results	Miami Dade - 89.5%		
	Cluze Reading - 68% (Independent)	<u>✓</u>	
Transcripts of school records	<u>Parents will bring</u>		
Translations:	Lunch information	<u>will</u>	
	School bus conduct and safety	<u>get at</u>	
	Behavior guidelines	<u>school</u>	
Bilingual program refusal form	<u>NA</u>		
Statement of educational status	<u>NA</u>		
	Complete	Incomplete	
Registration form	<u>✓</u>		
Immigration documentation	<u>✓</u>		
<u>U.S. Citizen</u>			
Immunization documentation	<u>✓</u>		
Other comments	<p><u>Kosoul speaks Lao and English. He scored at an advanced level on the speaking and reading tests that were given. He doesn't qualify for the ESL program.</u></p>		

Patient's Name Kosou Chanthakoumane Birthdate 10-1-80

Vaccine	Date Given Month/Day/Year	Name of Physician or Clinic	Date Next Dose Due
DTP or DT* (Diphtheria, Tetanus, Pertussis)	1-13-81	Randolph Pediatric Associates, P.A. 332 Lillington Avenue Charlotte, N.C. 28204-3194 Tel. 704/376-4493	
	3-10-81		
	6-5-82		
	9-29-82		
	6-4-85		
Polio, Oral Trivalent*	1-13-81	Randolph Pediatric Associates, P.A. 332 Lillington Avenue Charlotte, N.C. 28204-3194 Tel. 704/376-4493	
	3-10-81		
	6-5-82		
	9-29-82		
	6-4-85		
Combined Measles Mumps Rubella	1-28-83		
TB skin test 6-4-85			
Medical Notes. (Special Problems/Contraindications)			
*Beside date, indicate if inactivated polio vaccine (IPV) or Pediatric Diphtheria-Tetanus (DT) was given			

000010

ROCK ISLAND FRANCISCAN HOSPITAL  
ROCK ISLAND, ILLINOIS

Certificate of Birth

This Certified that

Kosoue Chanthakoummane

was born to Phongsamouth & Komonh Chanthakoummane

in this Hospital at 7:52 o'clock, p.m. on Wednesday  
the First day of October 1980

In Witness Whereof the said Hospital has caused this Certificate to  
be signed by its duly authorized officer, and its Official Seal to be  
hereunto affixed

Signature Aug 12, 1980 Edward J. Blake  
Administrator

5125.5  
Rev. 5/82

NAME Kanthakoummane Kosoul (LAST) (FIRST) (MIDDLE) (NICKNAME)				I.D. NUMBER (IN PENCIL) 0024730 (TO BE COMPLETED BY SCHOOL)
SEX M	RACE <input type="checkbox"/> AMER. INDIAN <input type="checkbox"/> BLACK <input checked="" type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER	BIRTHDATE 10/01/80		

CHARLOTTE-MECKLENBURG SCHOOLS  
STANDARDIZED TEST RECORD FORM

This form must follow pupil when transferred.

ENTER TEST RESULTS ON THIS SIDE OF FORM IN DATE ORDER SEQUENCE. IF ENTRY TYPED OR HANDWRITTEN, SCORES SHOULD BE LABELED USING THE FOLLOWING CODE: PERCENTILE - %, GRADE EQUIVALENT - G.E., INTELLIGENCE QUOTIENT - I.Q. ANY OTHER TYPE OF TEST RESULTS SHOULD BE EXPLAINED: NAME OF TEST, DATE GIVEN, AND ACTUAL GRADE PLACEMENT AT TIME OF TESTING SHOULD ALSO BE RECORDED.

GRADE 1.7  
SPRING 1987IRWIN AVE OPT  
CHANTHAKOU KASOUL  
80185772 A981-427

CAT E&F LEVEL 11	TOTAL READING	LANGUAGE EXPRESSION	TOTAL MATHEMATICS	WORD ANALYSIS
SCALE SCORE ►	243	457	368	472
GRADE EQUIVALENT ►	0.4	0.9	0.8	0.8
NATIONAL PERCENTILE ►	1	16	2	6
NORMAL CURVE EQUI. ►	1	29	8	18

600-6 RUN DATE: 04/24 62502

GRADE 2.6  
SPRING 1988IRWIN AVENUE  
CHANTHAKOU KOSOUL  
7113-048

CAT E&F LEVEL 12	TOTAL READING	TOTAL LANGUAGE	TOTAL MATHEMATICS	TOTAL BATTERY	WORD ANLY	SPEL	SCIE	SOC STDY
SCALE SCORE ►	542	545	479	522	512	511		
GRADE EQUIVALENT ►	1.9	1.4	1.4	1.5	1.2	1.1		
NATIONAL PERCENTILE ►	14	6	2	4	3	2		
NORMAL CURVE EQUI. ►	27	16	5	11	5			

GRADE 4.6  
SPRING 1991TRYON HILLS  
CHANTHAKOU KOSOUL  
2541-051

CAT E&F LEVEL 14	TOTAL READING	TOTAL LANGUAGE	TOTAL MATHEMATICS	TOTAL BATTERY	WORD ANLY	SPEL	STDY SKIL	SOC STDY
SCALE SCORE ►	653	672	698	674	628	686		
GRADE EQUIVALENT ►	3.1	3.4	4.2	3.5	2.6	4.3		
NATIONAL PERCENTILE ►	24	34	41	30	21	38		
NORMAL CURVE EQUI. ►	35	41	45	39	33	43		

GRADE 5.7  
SPRING 1992TRYON HILLS  
CHANTHAKOU KOSOUL  
1245-016

CAT E&F LEVEL 15	TOTAL READING	TOTAL LANGUAGE	TOTAL MATHEMATICS	TOTAL BATTERY	WORD ANLY	SPEL	STDY SKIL	SOC STDY
SCALE SCORE ►	679	677	717	691	528	711		
GRADE EQUIVALENT ►	3.7	3.6	5.1	4.1	1.3	5.4		
NATIONAL PERCENTILE ►	20	26	35	25	4	41		
NORMAL CURVE EQUI. ►	32	36	42	36	14	45		

Student KOSOUL CHANTHAKOU MMAN Sch. Code 600559 5/4  
School TRYON HILLS Soc. Soc. No.

Date: Spring 1993 Grade: 6 LEP: YES



Subject	Score	Percentile	Subject	Score	Percentile
Reading	144	22	Social Studies	28	18
Mathematics	146	13	Science	28	18

North Carolina End-of-Grade Testing Program	NAME: CHANTHAKOU, KOSOU, J	STUDENT ID: 668869
SCHOOL SYSTEM: Mecklenburg Co. Schools	TEACHER: TUCK, C	GRADE: 6
SCHOOL: TRYON HILLS ELEM.	TEST DATE: FEB 2, 1993	PACKET ID: 16915
 <small>Writing, Grades 4, 6, and 8 600-559</small>		

Learning to write is an important educational goal for all North Carolina students. Measuring the skills involved takes time and thoughtful judgment. Students were given approximately 50 minutes to write about a given topic. Each paper was scored by two carefully trained, experienced readers. The scores reported below represent their combined judgment of this sample of the student's writing. Space is provided for this student's teacher to give additional information about other writing skills observed during the year.

The composition score shows how well this student expressed an idea without penalty for spelling or grammar. The second score is for English conventions and does represent a measure of this student's ability to use standard English.

#### WRITING SKILLS MEASURED

#### SCORE

#### EXPLANATION

#### Composing Skills (Communicating an Idea)\*

1.5

Most of the skills needed in descriptive writing are weak. The writer has read the prompt and attempts to respond. The subject is identified and a number of vague details are given, but the description is too general for the reader to get more than a vague picture of the subject. Many of these responses exhibit some understanding of the organization but there is no sense of control. The two readers differed in their judgment of the level of skills present.

#### Conventions (Using Correct English)\*

- Using complete sentences
- Using appropriate forms of words
- Using standard mechanics (punctuation, capitalization)
- Using correct spellings

#### \* A FURTHER EXPLANATION OF THE TESTING AND SCORING MAY BE FOUND ON THE BACK OF THIS REPORT

#### TEACHER COMMENTS:

I have reviewed this report and have made additional comments where necessary. Please, do not hesitate to contact me for a more detailed explanation of the scores or further assistance in this matter.

SIGNED

qd<sup>al</sup>

6130.1  
6/84

### MATH SKILLS CHECKLIST

I = Introduced  
M = Mastery  
P = Progress  
R = Retrained

105

School 1

## Tryon Hills

**NAME**

John

Year in  
School  
Grade in  
School

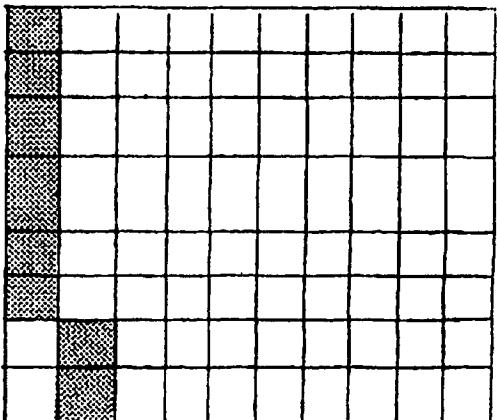
				98	91		
				4	5		

Grade Mastery is expected 

K	1	2	3	4	5	6		
---	---	---	---	---	---	---	--	--

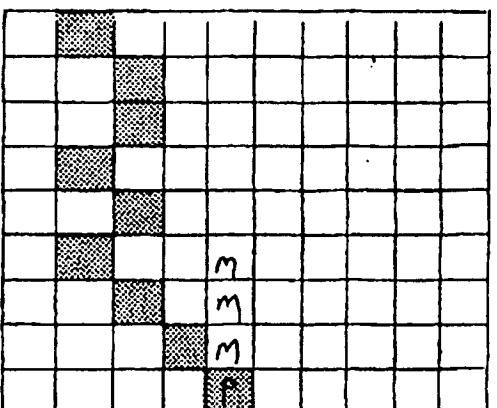
## 1 Readiness

- 1.1 Count objects 1-10.....
- 1.2 Join & separate sets with concrete objects
- 1.3 Classify objects by colors, shapes, and texture.....
- 1.4 Understand far-near; inside-outside; large-small.....
- 1.5 Match numerals with set 1 to 10.....
- 1.6 Arrange numerals in order 1-10.....
- 1.7 Write numerals 1-100.....
- 1.8 Write names for numerals 1-10.....



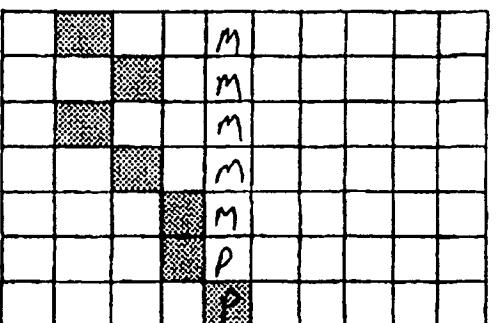
## 2 Addition - Whole Numbers

- 2.1 Number combinations through 9.....
- 2.2 Number combinations through 18.....
- 2.3 Count by 5's and 10's.....
- 2.4 Count by 2's.....
- 2.5 Count by 4's.....
- 2.6 No regrouping.....
- 2.7 Regrouping 1 to 10.....
- 2.8 Regrouping 10 to 100.....
- 2.9 Regrouping 100 to 1,000.....



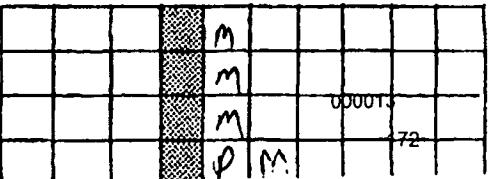
### 3 Subtraction - Whole Numbers

- 3.1 Subtraction facts through 9.....
- 3.2 Subtraction facts through 18.....
- 3.3 No regrouping.....
- 3.4 Regrouping 10 to 1.....
- 3.5 Regrouping 100 to 10.....
- 3.6 Regrouping 100 to 10 to 1.....
- 3.7 Regrouping 1,000 to 100 to 1.....



## 4 Multiplication - Whole Numbers

- 4.1 Tables through 3's.....
- 4.2 Tables through 5's.....
- 4.3 Tables through 7's.....
- 4.4 Tables through 9's.....



K	1	2	3	4	5	6	
				P	P		
			P	P			
				P			
					I		
					I		

- 4.5 One digit by one digit.....
- 4.6 Two digits by one digit.....
- 4.7 Two digits by two digits.....
- 4.8 Three digits by two digits.....
- 4.9 Four digits by three digits.....

## 5 Division - Whole Numbers

- 5.1 One digit divisor - no remainder.....
- 5.2 Two digits divisor with remainder.....
- 5.3 Three digits divisor with & without remainder.....
- 5.4 Four digits divisor with & without remainder.....

## 6 Fractions

- 6.1 Recognize  $\frac{1}{2}$ ,  $\frac{1}{3}$ ,  $\frac{1}{4}$  of objects & sets.
- 6.2 Recognize  $\frac{2}{3}$ ,  $\frac{3}{4}$  of objects and sets....
- 6.3 Change to equivalent fractions.....
- 6.4 Reduce fractions to lowest term.....

## 7 Addition of Fractions

- 7.1 Addition with like denominators.....
- 7.2 Addition with unlike denominators.....
- 7.3 Addition of mixed numbers.....

## 8 Subtraction of Fractions

- 8.1 Subtraction with like denominators.....
- 8.2 Subtraction with unlike denominators.....
- 8.3 Subtraction of mixed numbers.....

## 9 Multiplication of Fractions

- 9.1 Multiplication of common fractions.....
- 9.2 Multiplication of mixed numbers.....

## 10 Division of Fractions

- 10.1 Division of common fractions.....
- 10.2 Division of mixed numbers.....

## 11 Decimals

- 11.1 Change a fraction to a decimal.....
- 11.2 Round off to given decimal place.....
- 11.3 Arrange in order from large to small.....
- 11.4 Add decimals.....
- 11.5 Subtract decimals.....

## 12 Multiplication of Decimals

- 12.1 Decimal by whole number.....
- 12.2 One place by one place.....
- 12.3 Two places by one place.....

A 4x5 grid of squares. A 2x2 block of squares in the center is shaded with diagonal lines. The letter 'P' is written in the top-right square of this shaded block, and the letter 'P' is written in the bottom-left square of the shaded block.

A 10x10 grid of squares. A 4x4 block of squares in the center is shaded with a cross-hatch pattern. The rest of the grid is empty.

12.4 Two places by two places.....	.....
12.5 Two places by three places.....	.....

### 13 Division of Decimals

- 13.1 Decimal by whole number.....
- 13.2 One place by one place.....
- 13.3 Two places by two places.....
- 13.4 Three places by two places.....

## 14 Time

- 14.1 Tell time - morning-afternoon.....
- 14.2 Tell time to hour and half-hour.....
- 14.3 Tell time to quarter hour.....
- 14.4 Tell time to minute.....

## 15 Measurement

- 15.1 Measure in non-standard units (paper clip).....
- 15.2 Measure in pints and quarts.....
- 15.3 Measure in litres, millilitres.....
- 15.4 Measure to nearest inch.....
- 15.5 Measure in yards and feet.....
- 15.6 Measure in metres, decimetres, and centimetres.....
- 15.7 Read temperature in Fahrenheit-Celsius...
- 15.8 Name & recognize penny, nickel, dime, quarter and half-dollar.....
- 15.9 Measure in pounds and kilograms.....

## 16 Geometry

- 16.1 Classify objects by size and shape.....
- 16.2 Identify circle,square,triangle,rectangle
- 16.3 Recognize - line segment, ray.....
- 16.4 Name congruent parts of congruent triangles.....
- 16.5 Understand parallel lines.....
- 16.6 Name right angles.....
- 16.7 Find perimeter of geometric figures.....

## 17 Construction and Area

- 17.1 Construct a given angle.....
- 17.2 Find area of rectangle,triangle & circle.
- 17.3 Find circumference of circle.....

## 18 Vocabulary

## 18.1 Set, subset, $\geq$ , $\leq$ , $+$ , $\times$ , $\div$ , $\dots$

A 10x10 grid of squares. Shaded cells are located at the following coordinates: (1,1), (2,2), (3,3), (4,4), (5,5), (6,6), (7,7), (8,8), (9,9), and (10,10). These shaded cells are arranged in a diagonal line from the top-left corner to the bottom-right corner, forming a pattern of 2x2 squares.

000015

Form E Level 14  
Published: 1985  
34537  
CAT

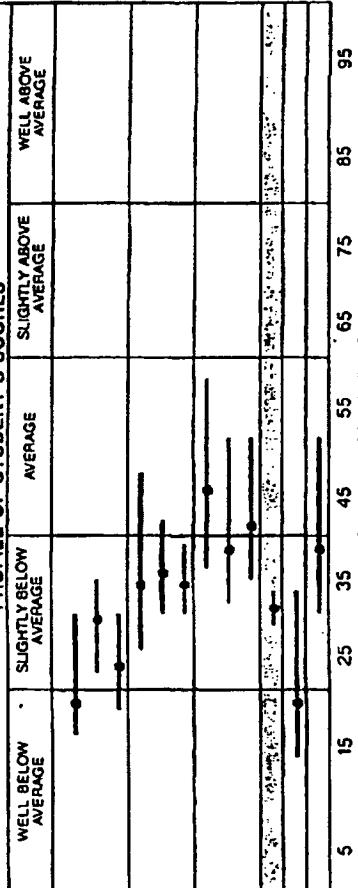
GRADE: FOURTH  
BATCH/GROUP: 2541-051/001  
RUN DATE: 04/03/91  
TEST DATE: SPRING 91

**TEACHER REPORT**

**SCORES**

PERCENTAGE WHO SCORED BELOW THIS STUDENT	
21	WELL BELOW AVERAGE
28	SLIGHTLY BELOW AVERAGE
34	AVERAGE
35	SLIGHTLY ABOVE AVERAGE
36	ABOVE AVERAGE
45	WELL ABOVE AVERAGE
39	SLIGHTLY ABOVE AVERAGE
41	AVERAGE
30	SLIGHTLY ABOVE AVERAGE
21	ABOVE AVERAGE
38	WELL ABOVE AVERAGE

**PROFILE OF STUDENT'S SCORES**



**LANGUAGE SKILLS**

THIS STUDENT IS STRONGEST IN SKILLS RELATED TO:

- 49 USING PERSONAL OR RELATIVE PRONOUNS
- 51 USING ADJECTIVE OR ADVERB FORMS
- 56 COMBINING RELATED THOUGHTS IN SENTENCES
- THIS STUDENT IS WEAKEST IN SKILLS RELATED TO:
- 53 IDENTIFYING GRAMMATICAL PATTERNS OF SENTENCES
- 48 USING SINGULAR, PLURAL, OR POSSESSIVE NOUNS
- 44 CAPITALIZING BEGINNING WORDS AND TITLES

drawing inferences

a general

number of items

Items, follow:

**ESTIMATED OBJECTIVE SCORES**

OBJECTIVES	PER	DIF.	AI	OBJECTIVES	PER	DIF.	AI
47. PROOFREADING	67	3	R	65. MULTIPLY WHOLE NUMBERS	90	7	R
LANGUAGE EXPRESSION	41	1	R	66. DIVIDE WHOLE NUMBERS	120	46	R
48. NOUNS	43	16	R	CONCEPTS & APPLICATIONS	115	2	R
49. PRONOUNS	95	6	R	73. NUMERATION	173	2	R
50. VERBS	75	1	R	74. NUMBER SENTENCES	80	0	R
51. ADJECTIVES, ADVERBS	90	5	R	75. NUMBER THEORY	75	1	R
53. SENTENCE PATTERNS	42	21	R	76. PROBLEM SOLVING	71	2	R
54. SENTENCE RECOGNITION	65	12	R	77. MEASUREMENT	71	2	R
56. SENTENCE COMBINING	83	3	R	78. GEOMETRY	72	1	R
57. TOPIC SENTENCE	54	10	R	59. CONSONANT DIGRAPHS	37	26	R
58. SENTENCE SEQUENCE	63	8	R	14. SHORT VOWELS	29	35	R
OPERATIONS	77	1	R	15. DIPHTH. VARIANT VOWELS	35	33	R
59. ADD WHOLE NUMBERS	90	0	R	16. ROOT WORDS, AFFIXES	156	15	R
60. ADD DECIMALS	80	7	R	61. ADD FRACTIONS	15	1	R
62. SUBTRACT WHOLE NUMBERS	99	36	R	62. SUBTRACT DECIMALS	76	1	R
63. SUBTRACT DECIMALS	71	2	R	64. SUBTRACT FRACTIONS	56	10	R
64. SUBTRACT FRACTIONS	50	19	R	42. STRUCTURAL UNITS	73	1	R

OBJECTIVES TESTED MAY BE FOUND ON THE BACK OF THIS REPORT

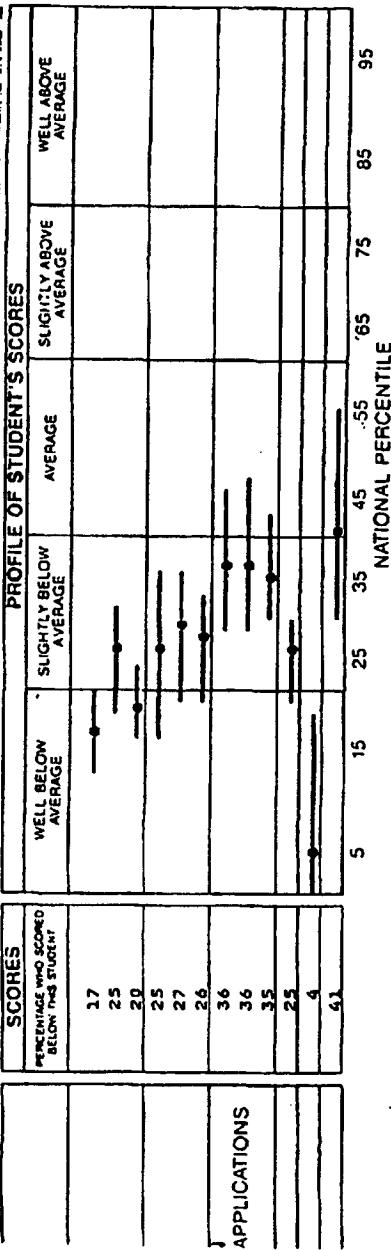
QTR MTH

TRAD

Form E Level 5  
Published 1986  
Score 38  
240 FCS

TEACHER REPORT

GRADE: FIFTH  
BATCH/GROUP: 1245-016/001  
RUN DATE: 04/27/92  
TEST DATE: SPRING 92



### LANGUAGE SKILLS

THIS STUDENT IS STRONGEST IN SKILLS RELATED TO:

49 USING PERSONAL OR RELATIVE PRONOUNS

51 USING ADJECTIVE OR ADVERB FORMS

56 COMBINING RELATED THOUGHTS IN SENTENCES

THIS STUDENT IS WEAKEST IN SKILLS RELATED TO:

54 IDENTIFYING COMPLETE SENTENCES

64 CAPITALIZING BEGINNING WORDS AND TITLES

53 IDENTIFYING GRAMMATICAL PATTERNS OF SENTENCES

THIS STUDENT IS WEAKEST IN SKILLS RELATED TO:

77 UNDERSTANDING MEASUREMENT

inferences

ai

items

allow:

NUMBER CORRECT	PER	28 OF 60	PER	READING Based on the story, what will probably happen when Jack climbs the fence?
				MATHEMATICS II There are 4 pens in a box and 12 boxes on a case. How many pens are there in 3 cases?

EXAMPLES

OBJECTIVES	PER	DIF	AI	OBJECTIVES	PER	DIF	AI
7 PROOFREADING	43	-21	-	73 NUMERATION	61	-10	R
8 LANGUAGE EXPRESSION				74 NUMBER SENTENCES	90	+ 3	♦
9 NOUNS	40	-17	-	75 NUMBER THEORY	51	- 9	R
9 PRONOUNS	99	+ 7	+	76 PROBLEM SOLVING	65	- 4	R
10 VERBS	80	- 7	+	77 MEASUREMENT	46	-10	-
11 ADJECTIVES, ADVERBS	99	+15	+	78 GEOMETRY	57	- 6	R
13 SENTENCE PATTERNS	38	-24	-	WORD ANALYSIS			
14 SENTENCE RECOGNITION	0	-79	-	9 CONSONANT DIGRAPHS	19	-39	-
16 SENTENCE COMBINING	99	+18	+	10 VARIANT CONSONANT	23	-37	-
17 TOPIC SENTENCE	44	-17	-	15 Diphth., Variant Vowels	26	-67	-
18 SENTENCE SEQUENCE	80	+ 6	+	16 ROOT WORDS, AFFIXES	30	-53	-
20 COMPUTATIONS				21 SPELLING			
31 ADD FRACTIONS	62	- 8	R	20 VOCAL SOUNDS	84	+ 4	♦
32 SUBTRACT WHOLE NUMBERS	77	+ 2	+	41 CONSONANT SOUNDS	55	- 9	R
33 SUBTRACT DECIMALS	80	0	+	42 STRUCTURAL UNITS	83	+ 2	+
34 SUBTRACT FRACTIONS	77	- 2	+				
35 MULTIPLY WHOLE NUMBERS	76	- 4	+				
36 DIVIDE WHOLE NUMBERS	59	- 9	R				

5 OBJECTIVES TESTED MAY BE FOUND ON THE BACK OF THIS REPORT

82509  
82509  
82509

QTR MATH : 28  
1. obtain a large number of items measuring the objective (based on number of corrections for each objective) for each student and the estimated percentage for a typical student in the national norm group.  
2. the student and the estimated percentage for a typical student in the national norm group.  
3. achieved (100-74%) = Objective Not Achieved (0-9%) = Blank = Name measured objective were omitted.

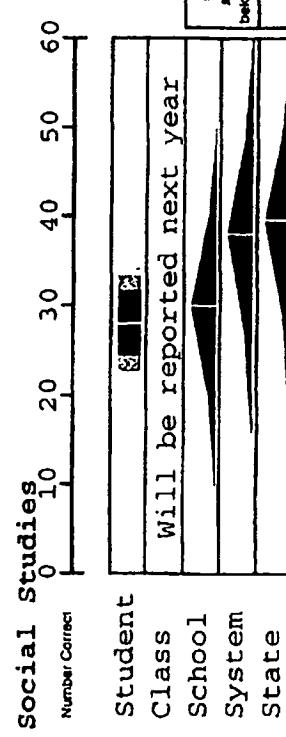
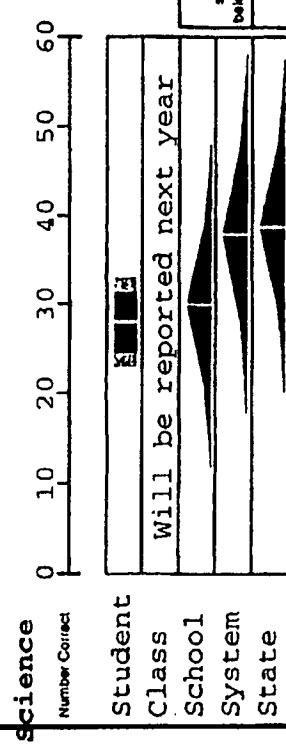
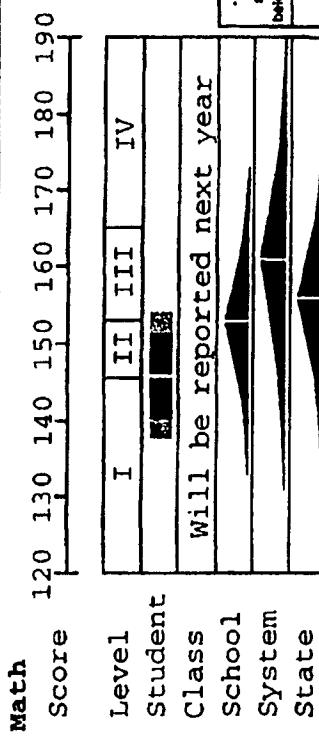
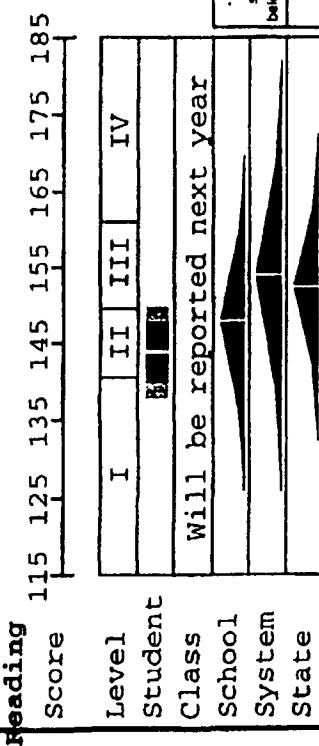
# End of Grade Testing

## N.C. Public Schools

### Parent/Teacher Report

Student: KOSOUL CHANTHAKOLMAN  
 Teacher: TUCK C  
 School: TRYON HILLS ELE  
 System: Charlotte/Meckl  
 Test Date: Spring 93

**Grade**  
**6**



#### Achievement Level Descriptions

- I Students performing at this level do not have sufficient mastery of knowledge and skills in this subject area to be successful at the next grade level.
- II Students performing at this level demonstrate inconsistent mastery of knowledge and skills in this subject area and are minimally prepared to be successful at the next grade level.
- III Students performing at this level consistently demonstrate mastery of grade level subject matter and skills and are well prepared for the next grade level.
- IV Students performing at this level consistently perform in a superior manner clearly beyond that required to be proficient at grade level work.

- These percentiles were estimated using the 1992 End-of-Grade Field Tests in N.C.

Signature

# End of Grade Testing

## N.C. Public Schools

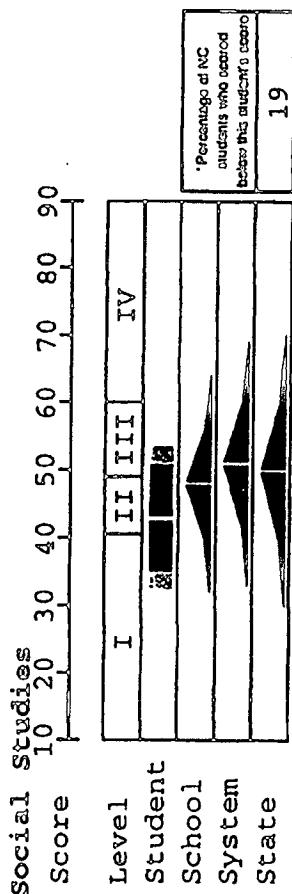
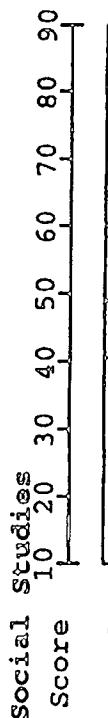
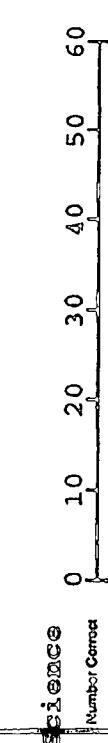
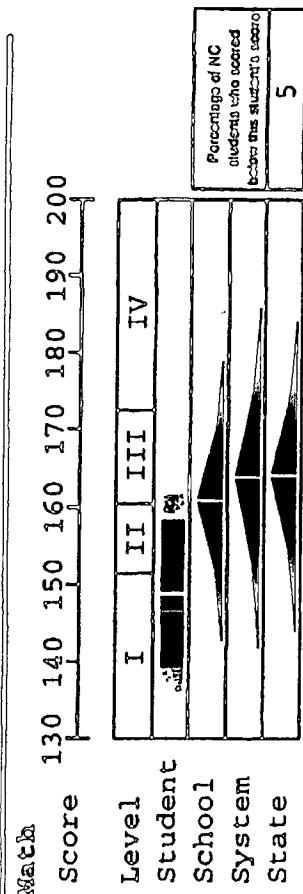
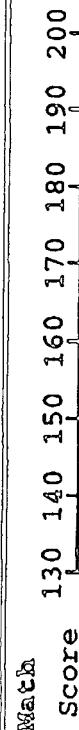
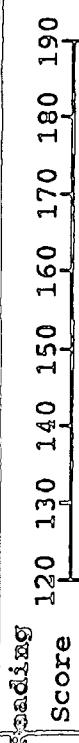
### Parent/Teacher Report

Student: KOSOUL J CHANTHAKOUM  
 Teacher: BLAFIELD G  
 School: RANSON MIDDLE  
 System: Charlotte/Meckl

Test Date: Spring 94

# Grade

# 7



#### Achievement Level Descriptions

- Students performing at this level do not have sufficient mastery of knowledge and skills in this subject area to be successful at the next grade level.
- Students performing at this level demonstrate inconsistent mastery of knowledge and skills in this subject area and are minimally prepared to be successful at the next grade level.
- Students performing at this level consistently demonstrate mastery of grade level subject matter and skills and are well prepared for the next grade level.
- Students performing at this level consistently perform in a superior manner clearly beyond that required to be proficient at grade level work.

#### Teacher's Comments:

7

Signature

These Percentiles were estimated using the 1993 End-of Grade Tests in N.C.

# End of Grade Testing

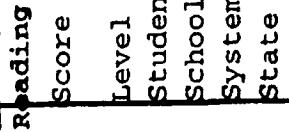
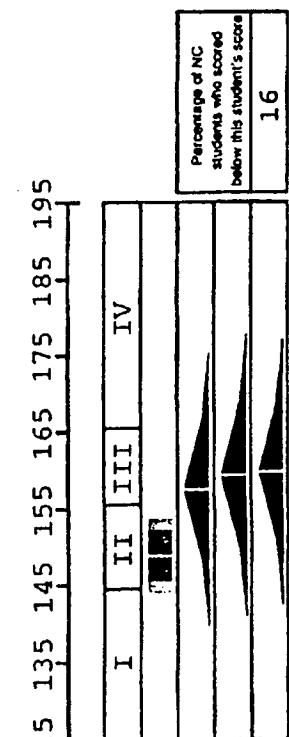
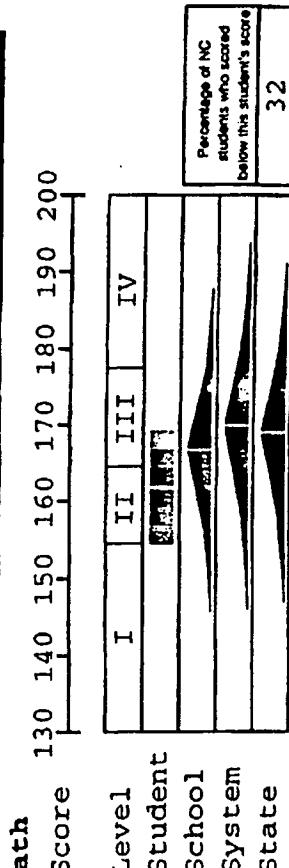
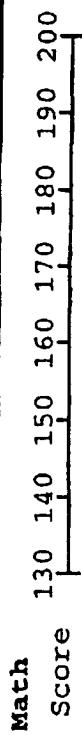
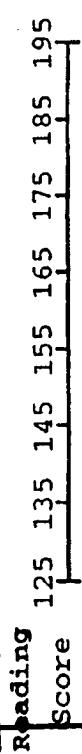
## N.C. Public Schools

### Parent/Teacher Report

Grade

8

Student: ROSOUL J CHANTHAOKUM  
 Teacher: BLAKE J  
 School: RANSON MIDDLE  
 System: Charlotte/Meckl  
 Test Date: Spring 95



#### Achievement Level Descriptions

- I Students performing at this level do not have sufficient mastery of knowledge and skills in this subject area to be successful at the next grade level.
- II Students performing at this level demonstrate inconsistent mastery of knowledge and skills in this subject area and are minimally prepared to be successful at the next grade level.
- III Students performing at this level consistently demonstrate mastery of grade level subject matter and skills and are well prepared for the next grade level.

000029  
manner clearly beyond that required to be proficient at grade level work.

#### Teacher's Comments:

Signature \_\_\_\_\_

## TEST RESULTS For additional test data refer to Test Record Form in Cumulative Folder.

Student	KOSOUL J CHANTHAKOUM	Sch. Code	600514
School	RANSON MD	Soc. Sec. No.	0024730
Date:	Spring 1994	Grade:	7
and of grade Testing		Reading	143

Student	KOSOUL J CHANTHAKOUM	Soc. Sec. No.	0024730
School	RANSON MIDDLE	School Code	600514
Date	Spring 1995	Grade:	8
and of grade Testing		Reading	149

000021  
180

PUPIL'S NAME		GRADE		SCHOOL	
Kosoul Chanthakummane		Kindergarten		Chantilly	
STUDENT I.D. NO. 1034750		TEACHER: H. L. Cullen		PRINCIPAL: E. Cullen	
SCHOOL YEAR 1986-87		GRADE		SCHOOL YEAR 1986-87	
CODE		REPORT PERIOD		ATTENDANCE RECORD	
G Good N Needs Improvement		1 2 3 4		1 2 3 4	
U Unsatisfactory		Days Present		K 137 164	
S Shows Progress		Days Absent		O 0	
REPORT PERIOD		1 2 3 4		1 2 3 4	
1. Says full name/address/phone		P P P P		P P P S	
2. Talks easily with others		N P P P		N P P P	
3. Speaks in sentences		M N P P		M N P P	
4. Recalls details in stories, poems		X M M P		X M M N	
5. Can do simple rhyming		X M N N		X M N N	
6. Recognizes and writes name		P P S V G		P P S V G	
7. Identifies letters		P P S		P P S	
8. Forms letters		P P S		P P S	
MATH/SCIENCE DEVELOPMENT		M P P P		M P P P	
1. Recognizes likenesses/differences		X X X P		X X X P	
2. Classifies objects into sets		U U S S		U U S S	
3. Recognizes symbols for numbers 1-10		X X X P		X X X P	
4. Knows meaning of more/less		M P P P		M P P P	
5. Observes, questions, explores		S N G V G N		S N G V G N	
6. Recognizes shapes		U N N P		U N N P	
7. Recognizes days/months		U N N P		U N N P	
8. Recognizes year/seasons		U N N P		U N N P	
9. Recognizes coins		X X X N		X X X N	
SOCIAL AND EMOTIONAL DEVELOPMENT		S S S S		S S S S	
1. Is happy and relaxed in school		N N N N		N N N N	
2. Plays well with other children		M N N P		M N N P	
3. Takes turns willingly		M N N P		M N N P	
4. Participates in group activities		M N N P		M N N P	
5. Exercises self-control		N P N P		N P N P	
6. Respects rights & property of others		N N N P		N N N P	
7. Accepts correction		S S S S		S S S S	
WORK HABITS		U N N P		U N N P	
1. Listens attentively		U N N P		U N N P	
2. Follows directions		U N N P		U N N P	
3. Works independently		U N N P		U N N P	
4. Works without disturbing others		U N N P		U N N P	
5. Completes tasks		U N N P		U N N P	
6. Takes care of materials		A P N P		A P N P	
ART		M N N P		M N N P	
1. Participates in art activities		M N N P		M N N P	
2. Recognizes colors		M N G V G N		M N G V G N	

NAME Kosoul Chanthakummane  
 STUDENT I.D. NO. 1034750  
 SCHOOL Chantilly  
 TEACHER: H. L. Cullen PRINCIPAL E. Cullen  
 GRADE K SCHOOL YEAR 1986-87

ATTENDANCE RECORD		1	2	3	4
Days Present		K 137	164		
Days Absent		O 0			

PHYSICAL DEVELOPMENT		1	2	3	4
1. Shows large muscle control (example: running, jumping, hopping, skipping, throwing, catching)		P	P	P	S
2. Shows small muscle control (example: using brushes, crayons, pencils, cutting with scissors, tying, buttoning, zipping, assembling puzzles)		N	P	P	P
MUSIC		1	2	3	4
1. Responds to rhythms		N	N	N	A
2. Participates in musical activities		N	N	N	N

TEACHER COMMENTS:	
1	Home compliance - by Timptins Kosoul must improve his class behavior!
2	Kosoul's behavior still must improve!
3	Kosoul has made progress with his work but his behavior still must improve!
4	Kosoul has made progress in speaking, listening, however his behavior has interfered with his learning Mrs. Shaw ESI

Address at time of assignment 3919 - #7 Tennessee Ave Zip  
 School Assignment for 1986-87 Chantilly  
 School Chantilly  
 School assignment is subject to correction on final progress report.  
 Any request for change in school assignment must be made within thirty (30) days of receipt of assignment.

Grade Placement for Next Year (as of close of school) 1

(Clip and Return Bottom Portion)

PUPIL: Kosoul Chanthakummane PARENT or GUARDIAN COMMENT:

CHARLOTTE-MECKLENBURG SCHOOLS  
PUPIL PROGRESS REPORT  
Grades 4 - 6



SUBJECT AREA CODE				
A 94 - 100	D 70 - 76			
B 85 - 93	F Below 70			
C 77 - 84	X Not graded this period			
Check denotes work is below grade level; conference is strongly recommended. Example: <input checked="" type="checkbox"/>				
		REPORT PERIOD		
SUBJECT AREAS	1	2	3	4
READING	C	C	B	D
COMMUNICATION SKILLS	C	C	D	D
MATHEMATICS	D	D	C	D
SOCIAL STUDIES	C	C	C	C
SCIENCE/HEALTH	D	D	D	D
Communication Skills grade reflects spelling, grammar, mechanics and written expression.				
WORK, STUDY AND CONDUCT CODE				
E Excellent	N Needs Improvement			
G Good	U Unsatisfactory			
S Satisfactory				
WORK AND STUDY HABITS	1	2	3	4
Writes Legibly	S	S	S	S
Pays Attention in Class	N	N	N	U
Completes Classwork on Time	N	S	S	S
Completes Homework	E	E	E	E
Shows Effort	S	S	S	S
CONDUCT	1	2	3	4
Observes School and Class Rules	S	S	S	N
Refrains from Unnecessary Talking	S	S	S	S

NAME John Chanthakoummaro  
STUDENT I.D. NO. \_\_\_\_\_  
SCHOOL Tryon H. I. S  
TEACHER Lessie  
PRINCIPAL D. R. Asbury  
GRADE 4 SCHOOL YEAR 19 90 19 91

ATTENDANCE RECORD	1	2	3	4
Days Present	41	40	46	37
Days Absent	0	7	0	6

TEACHER COMMENTS:
<p>1. CONFERENCE 10-1-91</p> <p>2. John continues to have difficulty with Math. I will assign a student tutor to help. He needs to study multiplication tables. Also he needs to read nightly and get his log signed.</p> <p>4-10-91 John is doing better with his division. He is not reading nightly.</p> <p>3. John should practice his division over the summer. Read as often as you can. Enjoy summer!</p>

Address at time of assignment	<u>2530 Fort St.</u>	Zip	<u>28205</u>
School Assignment for 19	<u>91</u>	19	<u>92</u>
School	<u>Tryon Hills</u>		
School assignment is subject to correction on final progress report. Any request for change in school assignment must be made within thirty (30) days of receipt of assignment.			
Grade Placement for Next Year (as of close of school) <u>5</u>			
Summer School: Required _____			

(Clip and Return Bottom Portion)

PUPIL John Chanthakoummaro

PARENT or GUARDIAN COMMENT:

000023

182



CHARLOTTE-MECKLENBURG SCHOOLS  
PUPIL PROGRESS REPORT  
Grades 4 - 6

4/89

## SUBJECT AREA CODE

A 94 - 100	D 70 - 76
B 85 - 93	F Below 70
C 77 - 84	X Not graded this period

Check denotes work is below grade level; conference is strongly recommended. Example:

SUBJECT AREAS	REPORT PERIOD			
	1	2	3	4
READING	B	F	C	D
COMMUNICATION SKILLS*	C	C	C	C
MATHEMATICS	D	D	F	D
SOCIAL STUDIES	B	C	B	B
SCIENCE/HEALTH	C	C	C	C

\* Communication Skills grade reflects spelling, grammar, mechanics and written expression.

## WORK, STUDY AND CONDUCT CODE

E Excellent	N Needs Improvement
G Good	U Unsatisfactory
S Satisfactory	

WORK AND STUDY HABITS	1	2	3	4
Writes Legibly	S	N	N	N
Pays Attention in Class	S	N	S	S
Completes Classwork on Time	S	S	S	S
Completes Homework	U	N	U	S
Shows Effort	S	N	S	S
CONDUCT	1	2	3	4
Observes School and Class Rules	S	S	S	S
Refrains from Unnecessary Talking	S	S	N	S

NAME <u>K. S. GILL</u>	STUDENT I.D. NO. <u>123456789</u>
SCHOOL <u>LYNN HILLS</u>	TEACHER <u>Mrs. H.</u>
PRINCIPAL <u>Mrs. H.</u>	GRADE <u>4</u>
SCHOOL YEAR 19 <u>19</u> - <u>19</u>	

ATTENDANCE RECORD	1	2	3	4
Days Present	77	36	46	36
Days Absent	1	5	1	7

## TEACHER COMMENTS:

## 1. CONFERENCE

2. John does not consistently give his best effort. His written assignments lack the right kind of planning. He didn't study for reading vocabulary quizzes, and he did not pass them. He can do much better!

3. John really needs to work hard on fractions. He has gotten extra help with his tutor, but he still is having trouble. Please encourage him to keep practicing. He has also not been bringing in his homework regularly.

4. John is slow in understanding new work, but is making progress. Please encourage him to read daily. Have a nice summer.

Address at time of assignment 2530 Fort St.  
Charlotte, NC Zip 28205  
School Assignment for 19 92 - 1993  
School LYNN HILLS  
School assignment is subject to correction on final progress report. Any request for change in school assignment must be made within thirty (30) days of receipt of assignment.  
Grade Placement for Next Year (as of close of school) 6  
Summer School: Required \_\_\_\_\_

(Clip and Return Bottom Portion)

PUPIL K. S. GILL CHILD LYNN HILLS

PARENT or GUARDIAN COMMENT:

000024

183



CHARLOTTE-MECKLENBURG SCHOOLS  
PUPIL PROGRESS REPORT  
Grades 4 - 6

## SUBJECT AREA CODE

A 94 - 100	D 70 - 76
B 85 - 93	F Below 70
C 77 - 84	X Not graded this period

Check denotes work is below grade level; conference is strongly recommended. Example:

SUBJECT AREAS	REPORT PERIOD			
	1	2	3	4
READING	F	A	C	C <sup>+</sup> B
COMMUNICATION SKILLS*	F	A	D	C
MATHEMATICS	D	F	F	F
SOCIAL STUDIES	F	F	F	D
SCIENCE/HEALTH	D	F	F	F

\* Communication Skills grade reflects spelling, grammar, mechanics and written expression.

## WORK, STUDY AND CONDUCT CODE

E Excellent	N Needs Improvement
G Good	U Unsatisfactory
S Satisfactory	

WORK AND STUDY HABITS	1	2	3	4
Writes Legibly	N	U	N	N
Pays Attention in Class	N	U	N	N
Completes Classwork on Time	N	N	N	N
Completes Homework	N	U	U	U
Shows Effort	N	U	N	S
CONDUCT	1	2	3	4
Observes School and Class Rules	S	S	S	S
Retrains from Unnecessary Talking	S	S	G	S

(Clip and Return Bottom Portion)

NAME John C. Smith, Jr.  
STUDENT I.D. NO. 0024730  
SCHOOL Irvin H. Hill Ele. Sch.  
TEACHER Mr. T. C. T. C.  
PRINCIPAL Mr. T. C. T. C.  
GRADE 5 SCHOOL YEAR 19 7 19 12

ATTENDANCE RECORD	1	2	3	4
Days Present	4	4	4	4
Days Absent	2	1	1	1

## TEACHER COMMENTS:

## 1. CONFERENCE

2. John does not exhibit the beginning of 6th grade skills. He is a below average student in all areas. He needs to concentrate on making good grades in order to qualify for 6th grade.

## 3.

## 4.

Address at time of assignment 2510 York St.  
Charlotte, NC 346 A Zip 28210  
School Assignment for 19 93 19 94  
School Panson  
School assignment is subject to correction on final progress report. Any request for change in school assignment must be made within thirty (30) days of receipt of assignment.  
Grade Placement for Next Year (as of close of school) \_\_\_\_\_  
Summer School: Required

PUPIL

PARENT or GUARDIAN COMMENT:

000025

184

000026

### GRADING SCALE

024730 · CHANTHAKOUH MANKOSOU

Academic		Non-Academic			
	Subject		Subject		Teacher
A 94-100			E-Excellent	RUDY	GLB
B 85-93	GEN MATH	7	S-Satisfactory	BLAFIE	ISS
C 77-84	ART	7	U-Unsatisfactory	FUTCH	SMITH
D 70-76	EXPLORATORY	7	I-Incomplete	WILLIA	PE
F 0-69	LUNCH	5	W-Withdrawn	KERN	TY
	SOC	ST		CORBET	REGULAR
	INT	SCI		SMITH	REGULAR
LA 7	SCI	7		LYNCH	REGULAR
	LA 7	REGULAR		GLUVAS	REGULAR
			ART	INT	TECH
			EXPL	SCI	SCIENCE
			SCIENCE	SOC	STOMBAUGH
			REGULAR	LA	GUTSCH
			REGULAR	GEN MATH	MAHAN
			REGULAR	EC MATH	KANIPER
			REGULAR	LV	BLAKE
			REGULAR	LUNCH	HANSEN
			REGULAR	HLT	HANSEN
			REGULAR	PE	BODE
			REGULAR	RD/GLD	HANSEN
			REGULAR	ISS	REGULAR

111

Date of photo (use pencil):

Summer School - New Market C

3-018 94-95  
ANSON MIDDLE  
Retained

JUNIOR HIGH - 8th Grade				JUNIOR HIGH - 8th Grade			
07-005	93-94	HOMEROOM ABSENCE	GRADE	WEEKS IN SEM	MINUTES	08-018	94-95
RANSON	MIDDLE	15	07	18	55	RANSON	MIDDLE
						HOMEROOM ABSENCE	GRADE
						WEEKS IN SEM	MINUTES
						08-018	94-95
						RANSON	MIDDLE
						62	08 18 55

AT20-01-R494

05/27/96 12.24.36

## D A I L Y A T T E N D A N C E

STU ID 0024730

NAME LAST	CHANTHAKOUMMAN	SCHOOL	5381	DATE ENTERED	09/08/95
FIRST	KOSOUL	STATUS	I		
MI		GRADE	08	DATE WITHDRAWN	10/24/95
PHONE	376-9421	SECTION	834		

TOTAL ABSENCES SEMESTER 1	-	13	CURRENT SEMESTER DATE LETTERS PRINTED
TOTAL ABSENCES SEMESTER 2	-	0	

FOR ANOTHER STUDENT, CHANGE STU ID AND PRESS ENTER  
 TO DISPLAY CALENDAR, ENTER SEMESTER 2 AND PRESS ENTER

* EXIT ISIS = F13	* OTHER FUNCTIONS = CLEAR	
IB Aa	BO--SESSION1 R 5 C 9 O-O 20:37 5/26/96	
AT20-02-R494	A031 - STUDENT IS NOT ACTIVE	05/27/96 12.25.11
	MON TUE WED THR FRI	
STU ID 0024730 SEM 1	: AUG 21 22 23 24 25	
STUDENT NAME	: A/S 28 29 30 31 1 NO SCH	
LAST : CHANTHAKOUM	: SEP 4 NO SCH 5 6 7 8	
FIRST : KOSOUL	: SEP 11 T 12 T 13 14 15 T	
MIDDLE:	: SEP 18 19 20 21 22	
SCHOOL 5381 STATUS I	: SEP 25 T 26 27 A2 28 A2 29 A2	
GRADE 08 HR 834	: OCT 2 T 3 4 T 5 6 A2	
ENTERED : 09/08/95	: OCT 9 10 11 A2 12 01112 13 01112	
WITHDRAWN: 10/24/95	: OCT 16 01112 17 01112 18 01112 19 01112 20 01112	
	: OCT 23 01112 24 25 26 27	
* SHORT DAY	: O/N 30 NO SCH 31 NO SCH 1 2 3	
E = EXCUSED EARLY	: NOV 6 7 NO SCH 8 9 10	
C T = TARDY	: NOV 13 14 15 16 17	
O SUSPENSION	: NOV 20 21 22 23 NO SCH 24 NO SCH	
D I = IN-SCHOOL	: N/D 27 28 29 30 1	
E O = OUT-OF-SCHOOL	: DEC 4 5 6 7 8	
S OTHER	: DEC 11 12 13 14 15	
A = ABSENT	: WINTER BREAK: DEC 18 THRU 29	
* S = SPECIAL NOTE	: JAN 1 NO SCH 2 3 4 5	
CLEAR = RETURN	: JAN 8 NO SCH 9 NO SCH 10 NO SCH 11 NO SCH 12 NO SCH	
F13 = EXIT ISIS	: JAN 15 NO SCH 16 17 18 19	
IB Aa	BO--SESSION1 R 3 C 9 O-O 20:37 5/26/96	

GR20-01-R494 S T U D E N T G R A D E S 05/27/96 12.25.36

STUDENT ID: 0024730	NAME: CHANTHAKOUMMANKOSOUL	STATUS: I
SCHOOL NO: 5381	GRADE: 08 HOMEROOM: 834 WARDLOW	ABSENCES: 013
X PER DUR COURSE TCH	Q1 Q1 Q2 Q2 S1 S1 Q3 Q3 Q4 Q4 S2 S2 YR YR CRDT	
	GR ABS GR ABS EX GR GR ABS GR ABS EX GR GR ABS	
1 S1 8962 610		000
1 S2 8972 612		000
2 Y 5210 608		000
3 Y 0801 831		000
4 Y 9329 903		000
5 Y 4024 832		000
6 Y 3005 833		000
7 Y 9351 903		000
8 Y 1195 832		000

SCHEDULE SCREEN=F1 NEW STUDENT/MODIFY=ENTER EXIT ISIS=F13 MENU=CLEAR  
4B Aa BO--SESSION1 R 4 C 15 o-o 20:39 5/26/96

A031 - STUDENT IS NOT ACTIVE  
GR10-01-R494 S T U D E N T S C H E D U L E 05/27/96 12.26.40

STUDENT ID: 0024730 NAME: CHANTHAKOUMMANKOSOUL STATUS: I RACE: R  
SCHOOL NO: 5381 PARENT: CHANTHAKOUMMANKOMONH PHONE: 376-9421  
GRADE: 08 HOMEROOM: 834-WARDLOW RM: 203 ABSENCES: 013

D/A	PER	DUR	COURSE	TEACHER	ROOM
	01	S1	8962 PE 8	610 GUTHERIE	GYM
	01	S2	8972 HEALTH 8	612 CAMPBELL	
	02	Y	5210 SPANISH I	608 HERERA	S-3B
	03	Y	0801 LA 8 REGULAR	831 ANDERSON	000
	04	Y	9329 EC SC MATH	903 FEAMSTER	207B
	05	Y	4024 SOC ST 8	832 BROWN	208
	06	Y	3005 INT SCI 8	833 GABRIS	210
	07	Y	9351 EC STDY SK-Y	903 FEAMSTER	207B
	08	Y	1195 READING 8 Y	832 BROWN	000

\*\* LAST CHANGE \*\* DATE: 10/24/95 TIME: 17:16:14 TERMID:

GRADE SCREEN=F1 NEW STUDENT/UPDATE=ENTER EXIT ISIS=F13 MENU=CLEAR  
4B Aa BO--SESSION1 R 4 C 15 o-o 20:39 5/26/96

Gatling JDC

DATE: 1/22/96

TO: Eastway Middle 2<sup>nd</sup> QUARTER 1995-96 YEAR  
0024730

STUDENT: Kosoul (John) Chonthakouenne (DOB- 10/1/80)

AT GATLING FROM 11/1/95 TO 12/6/95

TOTAL DAYS OF ATTENDANCE: 11

GRADES ACHIEVED AT GATLING:

LANGUAGE ARTS/ENGLISH / Reading A

MATH C

SCIENCE B

SOCIAL STUDIES/DECISIONS B

Health B

Computer Studies B

COMMENTS: \_\_\_\_\_

BEHAVIOR: Satisfactory

TEACHERS --

GARY KILLIAN

PENNY GREENWOOD Pg 2

CHARLOTTE-MECKLENBURG SCHOOLS

COURIER #642

875-2922 - GATLING JDC

1985-86

K

Chantilly

3919#7 Tennessee

"moderate high frequency hearing loss"

**CHARLOTTE-MECKLENBURG SCHOOLS  
EXCEPTIONAL CHILDREN'S PROGRAM**

**Report of Hearing Evaluation**

Re: Kousoul Chanthakoummane

Your child's hearing was tested on 3-S-86. The results of that test are described in the paragraph below.

       Results indicate that your child has normal hearing at this time.

       A slight hearing loss was identified. At this time, the hearing loss does not warrant a medical referral, nor should it cause any communication difficulty. Your child will receive periodic hearing tests at school to monitor this slight hearing loss. The teacher(s), nurse and principal have been advised of these results.

       Your child's hearing was normal, however, another test useful in identifying middle ear problems showed some pressure behind his/her eardrum(s). This often occurs when an ear infection is just beginning or ending, and is often associated with colds or congestion. Because there is no hearing loss and because many times this situation will clear up by itself, I am reluctant to refer you to the doctor at this time. (You may wish to take your child to the doctor anyway). Your child's hearing will be rechecked and you will be notified of the results.

X A slight hearing loss was identified, however, the results do not warrant a medical referral at this time. Please call 333-9694 to schedule further hearing testing in the school Audiology Clinic.

       Please call me at 333-9694 to discuss your child's hearing test results.

       There has been no significant change in your child's hearing since he was last tested. We will continue to recheck his/her hearing annually and notify you of the results.

       Please refer this student to the audiologist if you suspect his/her hearing has changed or is adversely affecting the child's education.

       Results suggest the possibility of a significant hearing loss. Further testing is necessary to determine how much hearing loss exists. Please call this office (333-9694) for an appointment if you want to have the testing done free by the school audiologist. If you are aware of a hearing loss and your child has been evaluated within the last year, please call so that we may have more information for the school's records.

If there are any changes in the preceding recommendations an amended or superseding report will be sent. Until one arrives, this report should be assumed to be current.

Sincerely,



Audiologist

This report should be made available to administrators, teachers, and parents upon request. The report should then be filed in the child's cumulative record.

## CHARLOTTE-MECKLENBURG SCHOOLS AUDIOLOGICAL EVALUATION

818458

9/85

## PROGRAM FOR THE HEARING IMPAIRED

Name: Kousoul Chanthaboumane Sex: M F Race: W B A Other: AsianBirthdate: 10-1-80 Home Phone: 393-5366From Screening: 

Work Phone: \_\_\_\_\_

Parents: F) Komorn + M) Phengsawat

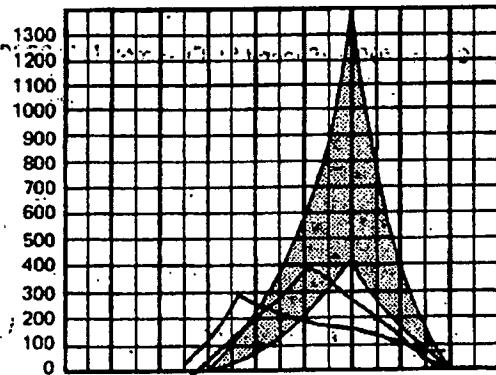
Referred by: \_\_\_\_\_

Address: 3919 # 7 Tennessee City: 16Test Date: 3-5-86School: Chantilly Grade: K ID#: 004730Parent Permission: Yes

## TYMPANOGRAM

## PRESSURE IN mm WATER

-600 -500 -400 -300 -200 -100 0 +100 +200 +300



## S T ACOUSTIC REFLEX

## C CONTRALATERAL I IPSILATERAL

M 600 1000 2000 4000

	L	105	105
M	R	105	105
A	L		
E	R		
D			

## PURE TONE

## AVERAGE HEARING LEVEL

(500 - 2000 HERTZ)

AIR BONE

L	R

## KEY

	AIR	AIR	BONE	BONE
L	X	□	>	□
R	O	△	<	□

TEST RELIABILITY  
GOOD FAIR POOR

-	X	
---	---	--

CANAL VOLUME  
IN CC

L	8
R	8

N/R = NO RESPONSE

DNT = DID NOT TEST

CNT = COULD NOT TEST

## SPEECH AUDIOMETRY

	SRT	Quiet	@ db	Noise
RIGHT		%	db	%
LEFT		%	db	%
FIELD		-	db	%
OWN AID		%	db	%
TRAINER		%	db	%

S/N for SDN \_\_\_\_\_ db

MIDDLE EAR  
PRESSURE  
IN mm WATER

L	
R	

REFERRED BY: Susan E. Greene

AUDIOLIST

## AUDIOLOGIC EVALUATION RESULTS MAY CHANGE OVER TIME. PLEASE NOTE DATE OF TESTING.

Hearing Levels	R	Normal hearing	L
	_____	slight loss	_____
	_____	mild loss	_____
	_____	moderate loss	_____
	_____	severe loss	_____

Tympanometry	R	Type A	L
	_____	Type A	_____
	_____	Type A	_____
	_____	Type B	_____
	_____	Type C	_____

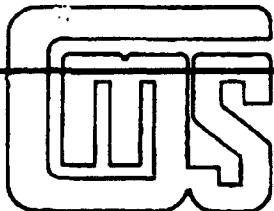
Stapedial Reflex	R	normal	L
contra - ipsi	_____	elevated	_____
	_____	absent	_____

Otoscopic \_\_\_\_\_

Summary \_\_\_\_\_

000032

Physician, please fill out summary report on reverse side.



**Metro Center**  
700 East Second Street  
Charlotte, North Carolina 28202  
Telephone (704) 333-9694

**Jay M. Robinson**  
Superintendent of Schools

#### Hearing Evaluation

**Name:** Kousoul Chantha Koummane  
**Date:** March 19, 1986  
**School:** Chantilly

**DOB:** 10-1-80  
**Parents:** Komonh & Phongsamont  
**Address:** 3919 Tennessee Avenue #7  
Charlotte, NC 28216

#### History

Kousoul failed the mass screening at Chantilly in January. Retesting at school indicated a moderate high frequency hearing loss bilaterally. He was scheduled in the clinic to obtain word discrimination scores and to confirm the hearing loss.

#### Results

Pure tone results were consistent with those obtained at school March 5, 1986. Speech Reception Scores were consistent with pure tone results. Word discrimination scores were poor (44%) in the right ear and fair (72%) in the left ear. Kousoul's discrimination scores may be better than these scores reflect due to language differences.

#### Recommendations

1. Kousoul should receive preferential seating in the classroom close to the teacher.
2. Kousoul should have his hearing tested at least annually.
3. Kousoul should be seen by an Ear, Nose and Throat Physician to have his hearing loss evaluated.

*Susan E. Greene*  
Susan E. Greene  
Audiologist

cc: Sharon Tompkins  
Parents

000033

CHARLOTTE MECKLENBURG COUNTY PROGRAM FOR THE HEARING IMPAIRED

010100

9/85

Name: Kousoul Chanthakoummane Sex:  M F Race: W B  A Other:

Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_ From Screening: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

Parents: \_\_\_\_\_

Retest of known case: 

Address: \_\_\_\_\_

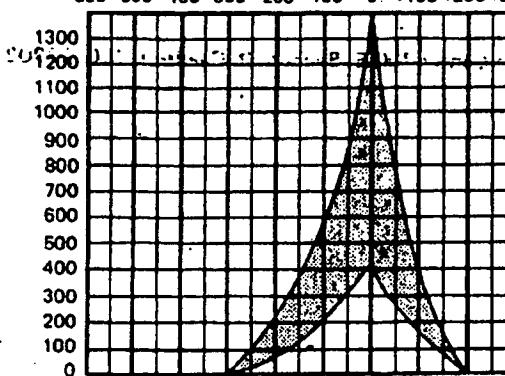
City: \_\_\_\_\_

Test Date: 3-19-86School: ChantillyGrade: KID#: \_\_\_\_\_ Parent Permission:  Yes  No

## TYMPANOGRAM

PRESSURE IN mm WATER

-600 -500 -400 -300 -200 -100 0 +100 +200 +300 +400



## S- ACOUSTIC REFLEX

T CONTRALATERAL IPSILATERAL

500 1000 2000 4000

U	AM				U	AIR				U	BONE			
	L					R					R			
L					R				R					

## PURE TONE

## AVERAGE HEARING LEVEL

(500 - 2000 HERTZ)

600 500 400 300 200 100 0 +100 +200 +300 +400

U	AM				U	AIR				U	BONE			
L					R				R					
L					R				R					

## KEY

	AIR	AIR	BONE	BONE
L	X	□	>	□
R	O	△	<	C

TEST RELIABILITY  
GOOD FAIR POOR

	X	
--	---	--

CANAL VOLUME  
IN cc

L	
R	

N/R = NO RESPONSE

DNT = DID NOT TEST

CNT = COULD NOT TEST

## SPEECH AUDIOMETRY

	SRT	QUIET	@db	Noise
RIGHT	10	44 %	40 db	%
LEFT	15	72 %	45 db	%
FIELD		%	db	%
OWN AID		%	db	%
TRAINER		%	db	%

S/N for SDN \_\_\_\_\_ db

MIDDLE EAR  
PRESSURE  
IN mm WATER

L	
R	-

REFERRED BY: Susan E. Greene

AUDIOLIST

## AUDIOLOGIC EVALUATION RESULTS MAY CHANGE OVER TIME. PLEASE NOTE DATE OF TESTING.

R

L

R

L

Hearing Levels

normal hearing  
slight loss  
mild loss  
moderate loss  
severe loss

Tympanometry

Type A  
Type A  
Type A  
Type B  
Type C

Stapedial Reflex  
contra - ipsi

normal  
elevated  
absent



Otoscopic \_\_\_\_\_

Summary \_\_\_\_\_

000034

Physician, please fill out summary report on reverse side.

6164.64  
10-81CHARLOTTE-MECKLENBURG SCHOOLS  
EDUCATION REPORTExceptional Children's Program  
for the Hearing Impaired

## CONFIDENTIAL

(For Administration, Teachers, Parents)

NAME: Kousoul ChanthakoummaneDATE: April 7, 1986GRADE: KSCHOOL: Chantilly

## Discussion of Hearing Loss:

Kousoul has a moderate high frequency hearing loss bilaterally with normal hearing through 1500-2000Hz. His ability to understand speech at a soft conversational level was poor in the right ear and fair in the left ear, however, the language differences should be kept in mind.

Suggested Educational Adjustments:

1. Teachers should be aware that this child may experience some difficulty in hearing and producing sounds. For example, he may hear boo for books or a for hot, etc.
2. In dictating problems, giving assignments, directions and making announcements, the teacher should stand so that the child is near the speaker.
3. Konsoul may rely on speechreading skills. If he seems confused by a sentence, it should be rephrased because he may not have been able to speechread the original sentence.
4. Avoid talking with hands, books, etc. covering the mouth. Also avoid talking while faced more than ninety degrees away from the child.
5. Make sure you have his attention before dictating a problem, making an assignment, etc.
6. Speak naturally. Do not exaggerate speech movements for the child's benefit. Exaggerated lip, jaw and/or tongue movements may confuse him.
7. Ask the child an occasional question related to the subject under discussion to make certain that he is following the discussion and understands it.
8. Encourage the child to ask to have statements repeated when he does not understand what has been said.
9. In matters of discipline and assignments, he should be treated as much like a normal hearing pupil as possible.
10. All special attention shown to this pupil should be handled in such a way that it does not call attention to his hearing impairment.

COMMENTS

Kousoul should be observed for characteristics which may indicate that his hearing loss is becoming worse. Should further hearing loss be suspected, the audiologist serving your school should be contacted so appropriate testing and follow-up can be administered.

Kousoul will receive at least an annual hearing evaluation so that if the loss should become worse it can be treated as soon as possible.

86-87

Grade One

Irwin

Teacher Laed leir

2530 Fort St.

Please sign + return



Charlotte-Mecklenburg Board of Education  
Post Office Box 30035  
Charlotte, North Carolina 28230  
Telephone (704) 379-7000

Jay M. Robinson  
Superintendent of Schools

Dear Parent,

As a part of our educational program, the Charlotte-Mecklenburg School System provides a hearing screening each year for all kindergarten, first grade, and fifth/sixth grade students. We are required by law to get parent permission before we can do comprehensive follow-up hearing testing. Please sign the appropriate statement below to let us know whether you want your child to be eligible for this service.

This is not a notification that your child has a hearing loss.  
If your child does fail the hearing test, we will let you know.  
This letter is just a request to allow your child to receive hearing testing.

Sign this form and return it to your child's classroom teacher.

I give permission for my child's hearing to be tested.

Kanok Chanthakoumane

Signature

I do not want my child's hearing to be tested.

Signature

000037

Charlotte-Mecklenburg Schools  
Exceptional Children0104.00  
8-82

## SPEECH AND LANGUAGE SCREENING FORM

Kawson / Chanthakoumane 0024732  
 Student's Name I.D. No. D.O.B.C.A.  
 Marvin Laedlein 1  
 School Teacher Grade  
 Examiner Screening Date 5-19-87

I.	<u>Receptive Vocabulary</u>		<u>Labeling</u>			<u>Articulation errors</u>	
	cor.	inc.	trial	1	2	3	
1.	0	0		0	0	0	1.
2.	0	0		0	0	0	2.
3.	0	0	airplane	0	0	0	3.
4.	0	0	0	0	0	0	4.
5.	0	0		0	0	0	5.
6.	0	0		0	0	0	6.
7.	0	0	fire	0	0	0	7.
8.	0	0	def.	0	0	0	8.
9.	0	0		0	0	0	9.
10.	0	0		0	0	0	10.
11.	0	0		0	0	0	11.
12.	0	0		0	0	0	12.

II.	<u>Semantics</u>		<u>Morphology</u>	<u>Syntax</u>			
	(receptive)	(Expr.)			cor.	inc.	
1.	yes	no	1.	0	0	0	1.
2.	0	0	2.	0	0	0	2.
3.	0	0	3.	0	0	0	3.
4.	0	0	4.	0	0	0	4.
5.	0	0	5.	0	0	0	5.
6.	0	0	6.	0	0	0	6.
7.	0	0	7.	0	0	0	7.
8.	0	0	8.	0	0	0	8.

Picture Description  
Subject/Verb Responses  
Minus (-) errors  
Total

Check Areas Needing Further Diagnostics

Receptive Vocabulary  
Labeling  
Semantics  
Morphology  
Syntax

Articulation  
Voice  
Fluency  
Hearing  
Other

6184.54  
10-81

CHARLOTTE-MECKLENBURG SCHOOLS  
EDUCATION REPORT

Exceptional Children's Program  
for the Hearing Impaired

CONFIDENTIAL

(For Administrators, Teachers, Parents)

NAME: Kousoul Chanthakoummane DATE: \_\_\_\_\_  
GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Page 2

Discussion of Hearing Loss:

If there are any changes in the preceding recommendations, an amended or superseding report will be sent. Until one arrives, this report should be assumed to be current.

*Susan E. Greene*

Susan E. Greene  
Audiologist

## CHARLOTTE-MECKLENBURG SCHOOLS AUDIOPHYSICAL EVALUATION

## PROGRAM FOR THE HEARING IMPAIRED

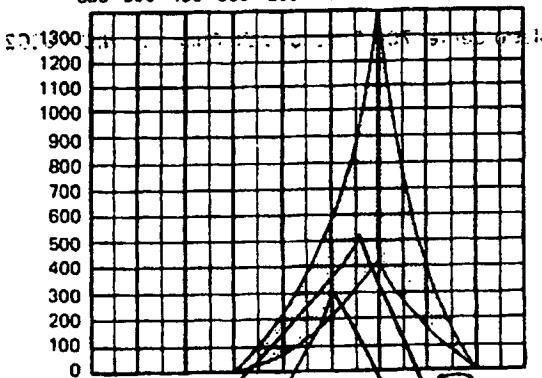
JAYE C. DOOLIN, M.D.  
9/85  
9/85, D.M.

Name: Kousoul Chanthakoummane Sex:  M Race: W B A Other:  CVA  
 Birthdate: 10-1-80 Home Phone: 334-7566 From Screening:  
 Work Phone: 327-7011 ext. 133 Referred by:  
 Parents: (7) Romanh & (m) Phengsamount Re-test of known case:   
 Address: 2530 Fort St. City: 28205 Test Date: 5-29-87  
 School: Irwin Ave. #27 Grade: 1 ID#: 0624730 Parent Permission:

## TYMPANOGRAM

PRESSURE IN mm WATER

-600 -500 -400 -300 -200 -100 0 +100 +200 +300



S T M M U L A T E D	ACOUSTIC REFLEX			
	CONTRALATERAL IPSILATERAL			
	500	1000	2000	4000
L	95			
R	NT			

## PURE TONE

AVERAGE HEARING LEVEL  
(500-2000 HERTZ)

	AIR	BONE
L		
R		

## KEY

	AIR	MASKED	BONE	MASKED
L	X	□	>	□
R	O	△	<	C

TEST RELIABILITY  
GOOD FAIR POOR

✓		
---	--	--

CANAL VOLUME  
IN cc

L	1.0
R	1.0

## SPEECH AUDIOMETRY

	SRT	Quiet	@db	Noise
RIGHT	10	100%	50 db	66%
LEFT	10	100%	50 db	76%
FIELD		%	db	%
OWN AID		%	db	%
TRAINER		%	db	%

S/N for SON \_\_\_\_\_ db

MIDDLE EAR  
PRESSURE  
IN mm WATER

L	-110
R	-25

REFERRED BY: Mark Deasey

AUDIOLIST

AUDIOLOGIC EVALUATION RESULTS MAY CHANGE OVER TIME. PLEASE NOTE DATE OF TESTING.

## Hearing Levels

R	L
normal hearing	
slight loss	
mild loss	
moderate loss	✓
severe loss	✓

## Tympanometry

R	✓	Type A	L	✓
		Type A		
		Type A		
		Type B		
		Type C		

Stapedial Reflex  
contra - ipsi

normal	✓
elevated	
absent	

## Otoscopic

OK

## Summary

See Report

000040

Physician, please fill out summary report on reverse side.

~~AUDIOLOGIC EVALUATION RESULTS MAY CHANGE OVER TIME. PLEASE NOTE DATE OF TESTING.~~

**MEDICAL REPORT**

**DIAGNOSIS:** 2

**PROGNOSIS:** 2

**FINDINGS:** 2

**MEDICAL TREATMENT (OR RECOMMENDATIONS) GIVEN:** 2

**Examining Physician:** 2

**Signature:** 2

**Address:** 2

**Date:** 2

**PHYSICIAN, PLEASE RETURN THIS FORM TO:** 2

**Metro Center 700 E. Second St. Charlotte, N.C. 28202**

**(for Aud. name):** 2

**YTHIKA 2013**

**RCU 2013**

**2**

**EMOCM 2013**

**2**

**RAE 2013**

**RCU 2013**

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**CHARLOTTE-MECKLENBURG SCHOOLS  
EXCEPTIONAL CHILDREN'S PROGRAM**

**Report of Hearing Evaluation**

Re: Kousoul Chantay Koummane.

Your child's hearing was tested on 5-6-87. The results of that test are described in the paragraph below.

\_\_\_\_\_ Results indicate that your child has normal hearing at this time.

\_\_\_\_\_ A slight hearing loss was identified. At this time, the hearing loss does not warrant a medical referral, nor should it cause any communication difficulty. Your child will receive periodic hearing tests at school to monitor this slight hearing loss. The teacher(s), nurse and principal have been advised of these results.

\_\_\_\_\_ Your child's hearing was normal, however, another test useful in identifying middle ear problems showed some pressure behind his/her eardrum(s). This often occurs when an ear infection is just beginning or ending, and is often associated with colds or congestion. Because there is no hearing loss and because many times this situation will clear up by itself, I am reluctant to refer you to the doctor at this time. (You may wish to take your child to the doctor anyway). Your child's hearing will be rechecked and you will be notified of the results.

\_\_\_\_\_ A slight hearing loss was identified, however, the results do not warrant a medical referral at this time. Please call 333-9694 to schedule further hearing testing in the school Audiology Clinic.

\_\_\_\_\_ Please call me at 333-9694 to discuss your child's hearing test results.

\_\_\_\_\_ There has been no significant change in your child's hearing since he was last tested. We will continue to recheck his/her hearing annually and notify you of the results.

\_\_\_\_\_ Please refer this student to the audiologist if you suspect his/her hearing has changed or is adversely affecting the child's education.

Results suggest the possibility of a significant hearing loss. Further testing is necessary to determine how much hearing loss exists. Please call this office (333-9694) for an appointment if you want to have the testing done free by the school audiologist. If you are aware of a hearing loss and your child has been evaluated within the last year, please call so that we may have more information for the school's records.

If there are any changes in the preceding recommendations an amended or superseding report will be sent. Until one arrives, this report should be assumed to be current.

Sincerely,

  
Mark Queen  
Audiologist

This report should be made available to administrators, teachers, and parents upon request. The report should then be filed in the child's cumulative record.

*Please call for an appointment  
as soon as possible, as school  
will be out very soon. Thanks.*

87-88

Grade - 00

Jewin

language in home: khmer

"permanent high freq hearing loss "

## CHARLOTTE-MECKLENBURG SCHOOL

6164.14

8/86

## Referral for Exceptional Children Services

FOCUS OF CONCERN

1. I.D. Number 0024230 School Trulock Date 9/17/87  
 Pupil Kousoul Chanthaboury Grade 2 DOB 10/1/180  
 Current Educational Program Regular Program Language Used in Home Khmer  
 Date of Request for Assistance 9/11/87 Previous retentions (specify grade levels) \_\_\_\_\_

2. My continuing concerns after intervention attempts are (check one or more):

a. Academic achievement <input checked="" type="checkbox"/>	d. Physical/medical concerns _____
b. Social-emotional adjustment <input checked="" type="checkbox"/>	e. Other _____
c. Communication <input checked="" type="checkbox"/>	

Comments:

3. Have the parents been informed of your concerns? Yes  No \_\_\_\_\_

## 4. Classroom Performance (Please Check):

	Well Below Average	Below Average	Average	Above Average
Reading or Readiness Skills	<input checked="" type="checkbox"/>			
Math or Readiness Skills			<input checked="" type="checkbox"/>	
Language Development		<input checked="" type="checkbox"/>		
Motor Skills		<input checked="" type="checkbox"/>		
Other:				

## 5. Check behaviors you have observed:

a. Physical or verbal aggression toward classmates _____ toward teachers _____	i. Easily frustrated _____
b. Social rejection by classmates _____	j. Fabricates or grossly exaggerates _____
c. Short attention span <input checked="" type="checkbox"/>	k. Rarely completes seatwork <input checked="" type="checkbox"/>
d. Out of seat without permission <input checked="" type="checkbox"/>	m. Seatwork is usually inaccurate _____
e. Doesn't follow oral directions _____	n. Temper tantrums _____
f. Shy or withdrawn _____	o. Easily distracted <input checked="" type="checkbox"/>
g. Talks without permission <input checked="" type="checkbox"/>	p. Excessive absences _____
h. Crying; general apprehension _____	q. Uncooperative _____

## 6. Most recent test results (cumulative folder):

	Date	Standard Score	Grade Level Equivalent	Percentile
Calif. Achievement Test				
Cognitive Abilities Test				
Other				

## Screening (Please check and attach screening results)

Speech-Language (6164.60) \_\_\_\_\_  
 Vision (6164.12) \_\_\_\_\_  
 Health (6164.13) \_\_\_\_\_  
 Hearing (6164.10) \_\_\_\_\_

7. Has this pupil been tested on an individual basis? yes \_\_\_\_\_ no \_\_\_\_\_  
 If yes, please state when, by whom, and test results \_\_\_\_\_

8. Referred by: Virginia Stabenberg Name ESL Teacher Title 9/17/87 Date

Reviewed by: Reedieck Wright School Principal/APA/API 1/21/88 Date

1/21/88 → Presented to SSC

Certified Intensive language + Instructional  
 Articulation. (Waiting List)



Charlotte-Mecklenburg Board of Education  
Post Office Box 30035  
Charlotte, North Carolina 28230  
Telephone (704) 379-7000

Please sign & return  
6164.15  
9/84  
to school

1st letter 10/6/87  
2nd letter 10/20/87

Dear Parents:

Certain due process rights and protections are provided to everyone involved in the process of educating exceptional children, including the child, the parents, and the school system. Throughout this process of identification, evaluation, individual educational program planning and placement, parents will be asked to participate either through direct involvement in meetings or through written communication with school personnel. The statements below summarize the main steps included in due process. Each of these steps reinforces your right as a parent to be involved and informed of decisions about your child.

You have a right to have your child educated with non-exceptional children to the maximum extent appropriate.

Before your child is tested or placed in a program for exceptional children, you have a right to be notified of and review what the school plans to do.

You must give written consent before initial special tests are conducted and before your child is initially placed in a program for exceptional children.

You have the right to request an independent educational evaluation to be conducted at public expense if you do not agree with the evaluation provided by the school. However, the school has the right to request a hearing to show that its evaluation was appropriate. Should the hearing officer rule in favor of the school, you may still obtain an independent evaluation but at your own expense. If you have an independent evaluation conducted, the results will be considered by the school in any decision regarding your child's education.

You have a right to know what records are kept on your child and a right to see, copy, have explained, correct, add to any records, or request removal of information.

With the exception of certain individuals such as school officials, no one may see your child's records unless you give your permission.

If at any time you and the school cannot agree on the records kept, testing, placement or services for your child, you have the right to a hearing conducted by an impartial hearing officer within 30 days of your request. A hearing request must be made in writing to Jerald Moore (address above) within 30 days of receipt of the notice of testing or placement. At the hearing you may: be represented by legal counsel, compel witnesses to come and cross examine them, have your child attend, have it open to the public (if requested 10 days before), present evidence (if given to the other party 5 days before).

For further information on any of the above steps, you may contact your school or Services for Exceptional Children at 379-7115.

Please return signed white copy to school.

I have reviewed these guidelines and received a copy of the brochure entitled YOUR RIGHTS AS A PARENT OF AN EXCEPTIONAL CHILD.

X K-Chamberlain  
Parent/Guardian  
X 10/23/87  
Date

White: Parent  
Yellow: Cumulative folder

000045

204

<p>Non-classified students do not meet N.C. and Charlotte-Mecklenburg criteria for an exceptional child classification.</p> <p>Classifications drawn classifications do not meet N.C. and Charlotte-Mecklenburg criteria for an exceptional child classification.</p> <p>Whose ability to cope with normal and social demands of life are those whose general intellectual ability below average.</p> <p>Manually Handicapped students are those whose physical, sensory, intellectual, emotional, or social abilities are below average.</p>																					
<b>CONSENT FOR ASSESSMENT</b>																					
<p><u>Kalyani Chathakomkae</u> STUDENT ID NO. <u>0024730</u></p> <p><u>Parents</u> : SCHOOL <u>Jr. High</u></p>																					
<p>For a child to get the education he/she needs, it is important for the school and parents to work together and share information. In order to get this information, it is necessary to assess your child on an individual basis. This assessment will be done at no cost to you. Your child will be observed and assessed to describe his/her current functioning in the following areas that are checked:</p>																					
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<p>I GIVE PERMISSION FOR the Charlotte-Mecklenburg Schools to proceed with the evaluation(s) to determine whether or not my child is eligible for special education services to meet his/her needs. I understand that I have the right to review my child's school records and to be informed of the results of this evaluation. I understand that no change will be made in my child's program as a result of these evaluations without my knowledge. I understand that I have the right to refuse to give permission for this evaluation.</p>																					
<p><u>11/2/87</u></p> <p>Date</p>	<p><u>XK. Chathakomkae</u></p> <p>Signature of Parent/Guardian</p>																				
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<p>Please sign and return the white copy to your child's school.</p>																					
<p>Date</p>	<p>Signature of Parent/Guardian</p>																				
<p>Where: Cumulative folder  Yellow: Parent  Pink: Student Services Specialist/Class Teacher</p>																					
<p><u>Amy Ann Hudson / Speech Clinician</u></p> <p>Signature and Title</p>																					
<p>Administrative Offices Education Center 701 East Second Street</p>																					



Charlotte-Mecklenburg Schools  
Charlotte, North Carolina

Return Form to school

6164.16  
8/85

DATE 10/6/87

CONSENT FOR ASSESSMENT

Re: Kousun Chanthakoumane STUDENT ID NO. 0024730

Dear Parents : SCHOOL Irwin

For a child to get the education he/she needs, it is important for the school and parents to work together and share information. In order to get this information, it is necessary to assess your child on an individual basis. This assessment will be done at no cost to you. Your child will be observed and assessed to describe his/her current functioning in the following areas that are checked:

<u>AREA</u>	<u>INFORMATION</u>	<u>EVALUATOR(S)</u>
<input checked="" type="checkbox"/> Physical Health	Vision, hearing, physical examination	School Nurse, Audiologist, Physician
<input type="checkbox"/> Educational Assessment	Reading, mathematics and other subjects	Classroom or Special Teacher
<input type="checkbox"/> Psychological	Mental ability, emotional development, perceptual development, and adaptive behavior	Psychologist
<input type="checkbox"/> Social Appraisal	Social, personal, behavioral and developmental history	Counselor, Social Worker
<input checked="" type="checkbox"/> Communication Skills	Understanding and using spoken language	Speech/Language Clinician
<input type="checkbox"/> Other		

I GIVE PERMISSION FOR the Charlotte-Mecklenburg Schools to proceed with the evaluation(s) to determine whether or not my child is eligible for special education services to meet his/her needs. I understand that I have the right to review my child's school records and to be informed of the results of this evaluation. I understand that no change will be made in my child's program as a result of these evaluations without my knowledge. I understand that I have the right to refuse to give permission for this evaluation.

10/6/87

Date

K. Chanthakoumane  
Signature of Parent/Guardian

I DO NOT GIVE PERMISSION FOR the Charlotte-Mecklenburg Schools to proceed with the evaluation(s) to determine whether or not my child is eligible for special education services to meet his/her needs. I understand that if the Charlotte-Mecklenburg Schools appeal my decision, I will be notified of my due process rights in this procedure.

Please sign and return the white copy to your child's school.

Date

Signature of Parent/Guardian

White: Cumulative folder  
Yellow: Parent  
Pink: Student Services Specialist/Psychologist

Signature and Title

Jayanthakoumane / speech clinician

Language

## Tests

Told - P

## Scores

SLG = 63 / Lig = 68 / Spg = 66 /  
Sag = 70, Igg = 64  
SS = 56

PPVT

## Analysis of test responses:

All language areas need special attention - Multiple syntactical errors, incomplete responses, 4-5 word sentences

## Language Sample

## Procedure(s):

## Findings:

Form systematic errors, short sentence length

## Content

vocabulary is in early

## Function

## Recommendations for Further Assessments and Evaluations

child has permanent high frequency hearing loss - monitored annually by Audiologist

## Recommendations for Speech/Language Services

Eligible Intensive Language Instructional Rate

Combined  
Intensive

**Charlotte-Mecklenburg Schools**  
**Exceptional Children**  
**SPEECH/LANGUAGE DIAGNOSTIC SUMMARY**

Student Kousoul Chantakouane  
 School India

Evaluator Hardman  
 Date 12-17-87

**Articulation**

School Weighted Articulation Test: Score 29 / Instructional Age 2  
 Other Test Scores:

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**Oral Peripheral Examination**

Within Normal Limits

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**Implications of Error Analysis**

Omissions - Final Blends  
s, t, d, z, k, v, n, z, st omits s/sp  
Substitutions - Initial s/sc  
t/θ, d/θ, d/s, d/z Final  
d/z

**Fluency**

Fluency Rating Scale Score:

Other procedures and findings:

OK

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**Voice**

CMS Voice Rating Scale:

Other procedures and findings:

OK

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Charlotte-Mecklenburg Schools

Charlotte, North Carolina

81-88

Date: 01/01/81

Dear Parent,

This form is to provide you with a summary of the assessment of your child's special learning needs.

At the conference on \_\_\_\_\_ this information will be discussed in more detail.

Student Karen Chastak ID # 0224730 School +

Type of Assessment	Below Average	Average	Above Average	Evaluator
Health				
Education				
Reading				
Math				
Written Language				
Psychological				
Mental Ability				
Emotional Development				
Adaptive Behavior				
Psychomotor Skills				
Social History Completed Yes/No				
Oral Communication	<u>B. A. V.</u>	<u>Mark Drum</u>		
Receptive Language	<u>B. A. I.</u>	<u>Mark Drum</u>		
Expressive Language	<u>B. A. S.</u>	<u>Mark Drum</u>		
Articulation				
Voice				
Perceptual Development				
Auditory Perception				
Visual Perception				
Other				

This diagnostic information will serve as a basis for determining with you whether your child meets N.C. and Charlotte-Mecklenburg criteria for any of the following exceptional children classifications:

Non-classified	Hearing Impaired
Mentally Handicapped	Visually Impaired
Learning Disabled	Orthopedically Impaired
Emotionally Handicapped	Autistic
Speech-Language Impaired	Other Health Impaired

Service options to be considered include:

Regular Education Only	Intensive Resource
Consultative	Self Contained
Supplementary Resource	Special Programs
Instructional Resource	Residential

DEFINITIONS AND EXPLANATIONS MAY BE FOUND ON THE BACK OF THIS FORM.

White: Cumulative folder  
Yellow: Parent

Special Program

000050

0104.00  
8/85CHARLOTTE-MECKLENBURG SCHOOLS  
EXCEPTIONAL CHILDRENSPEECH/LANGUAGE  
Student ChecklistStudent Name Karenal Chenthakunase Date 10-1-88 School Irwin

## STEP I

		Date	Signature
Vision Screening	6164.12	2-11-88	K. Overcash, RN
Hearing Screening	6164.10	5-29-87	Mark Davis
Speech-Language Screening	6164.60	5-19-87	M. Koenig
Referral	6164.14	9-17-87	V. Sternberg
Due Process Letter	6164.15	10-23-87	P. B. & M.
Consent for Assessment and/or Notification of Assessment	6164.16a	10-23-87	PARENT
Educational Assessment	6164.41	1-14-88	V. Sternberg
Speech-Language Evaluation	6164.62	12-17-87	M. Koenig
Assessment Summary	6164.18	1-21-88	M. Koenig

## Placement considerations:

Speech / Language(Articulation & Language)Instructional ArticulationIntensive Language - } Dr. FarrenSpeech / Language intervention is warranted atthis time —

I attest to the fact that the above documentation has been completed and placed in the student's exceptional child folder which is regarded as confidential.

Frances S. Wright 3/25/88

Principal Signature/Date

## STEP II

SEND TO AREA PLACEMENT COMMITTEE FOR REVIEW

## Disposition:

ConcurSam Haigood

Area MPC Chairperson Signature/Date

## STEP III

SCHOOL TO COMPLETE THE FOLLOWING:

Conference letter 6164.17

IEP - completion of all parts and parent's signature required prior to placement. 6164.19 &amp; 6164.20

3/4/88

CHARLOTTE-MECKLENBURG  
EXCEPTIONAL CHILDRENSPEECH/LANGUAGE  
STUDENT CHECKLISTStudent Name: Karen Smith Charter Academy Middle 'O' L School

	Date	Signature
Initial Screening	6/16/87	2-11-88
Hearing Screening	6/16/87	5-27-87
Speech-Language Screening	6/16/87	5-12-87
Referral	6/16/87	7-1-87
Due Process Letter	6/16/87	12-11-87
Consent for Assessment and/or Notification of Assessment	6/16/87	10-18-87
Educational Assessment	6/16/87	10-18-87
Speech-Language Evaluation	6/16/87	7-17-87
Assignment Summary	6/16/87	7-27-88

## Placement considerations

## Referrals/Jurifications

I attest to the fact that the above information has been completed and placed in the student's exceptional child folder which is regarded as confidential.

Meredith S. Knut 3/10/88

Principal Signature/Date

## STEP II

SEND TO AREA PLACEMENT COMMITTEE FOR REVIEW

## Disposition

ConcurSam Hayes

Area CPC Chairperson Signature/Date

3/4/88

## STEP III

SCHOOL TO COMPLETE THE FOLLOWING:

Conference Letter 6/16/87

IEP - completion of all parts and parent's signature required prior to placement 6/16/87 &amp; 6/16/87

White - Cumulative folder  
Yellow - Area APC  
Pink - School Office

CHARLOTTE-MECKLENBURG SCHOOLS  
EXCEPTIONAL CHILDREN  
Vision ScreeningSTUDENT Kausav Chanthaboury DOB 10-1-80 DATE 2-11-88  
SCHOOL I. Craven GRADE 2 - Batten  
PERSON DOING SCREENING Kay Evercash

1. Appearance of eyes: (Observation)

2. Visual Acuity: (Mark Pass or Fail) Use lantern at 10 feet and appropriate chart. Criteria - Under 3rd grade should read 20/40 or better each eye. If misses 1 or 2 letters in 20/40 line, fail. Above 3rd grade should read 20/30 or better each eye.

O.U. <u>20/20</u> (Both Eyes)	O.D. <u>20/20</u> (Right Eye)	O.S. <u>20/20</u> (Left Eye)
20/100	20/100	20/100
20/70	20/70	20/70
20/50	20/50	20/50
20/40	20/40	20/40
20/30	20/30	20/30
20/25	20/25	20/25
20/20	20/20	20/20

3. Plus Lens Test: (Mark Pass/Fail) Use Glasses. Criteria - Have child read same line or symbol he/she read successfully above with both eyes together then each eye separately. Child passes if everything appears blurry and he cannot read the line. Child fails if he can read the same line as above with glasses.

O.U. \_\_\_\_\_ O.D. \_\_\_\_\_ O.S. \_\_\_\_\_

4. Suppression: (Mark Pass/Fail) Use red-green glasses and appropriate information on lantern. (Dots on side for older child, fish-bowl chart for younger). Criteria - Using both eyes together, red lens over right eye, child should see all symbols to pass.

O.U. \_\_\_\_\_

5. Near Point Acuity: (Mark Pass/Fail) Use school vision card. Criteria - Using both eyes together and holding the card himself, child should be able to read the line (words or numbers) appropriate to his grade level to pass. Important Note any sign of visual stress.

O.U. \_\_\_\_\_ Observations:

6. Optional Test for Phoria: (Mark Pass/Fail) Done only if there is evidence of muscle imbalance. Use white dot on side of lantern at 10 feet. Cover each eye separately as child looks at dot and observe any movement in the eye as cover is changed from one eye to the other. Criteria - Child fails if either eye "jumps" as cover is removed.

Pass \_\_\_\_\_ Fail \_\_\_\_\_

## NOTES:

1. All tests except Near Point Acuity are done at 10 feet.
2. Review Teacher Observation Sheet prior to screening and include with screening report.
3. If child has vision in only 1 eye you can dispense with the rest of screening procedure and go directly to referral.
4. If child wears glasses, he should be screened with glasses on.

RESULTS OF SCREENING:  
FOLLOW-UP: (Re-Screening)

PASS /  
DATE \_\_\_\_\_

REFERRAL \_\_\_\_\_  
RESULTS \_\_\_\_\_

61441  
8/85

CHARLOTTE-MECKLENBURG SCHOOLS  
Program for Exceptional Children  
EDUCATIONAL SUMMARY

INSTRUCTIONS: Provide data and interpretation for all test(s) administered. Leave blank if not applicable.

NAME: Koasoni Chenthakosam SCHOOL: Tucker GRADE: 2  
I.D.#: 0074730 D.O.B.: 10-1-85 EXAMINER: Sturzberg

Date Administered:		PIAT	Grade Level*	Percentile	Scale Score**	Date Administered:	Woodcock Reading	Grade Level*	Percentile	Scale Score**
Woodcock-Johnson	Grade Level*	Percentile				Letter I.D.				
Reading						Word I.D.				
Mathematics						Word Attack				
Written Lang.						Word Comp.				
Knowledge						Passage Comp.				
Skills										

Date Administered:		Key Math	Grade Level	Percentile	Scale Score*
		Math			

\*Frustration Level  
\*\*Mean 100. Standard Deviation 15

Other Educational Information:  
(e.g. Brigance, Santa Clara, TOWL, Goldman-Fristoe-Woodcock, class performance, etc.)

000054

## ITEM ANALYSIS

	Strengths	Weaknesses
READING SKILLS/READINESS	Has been using a multi-sensory approach to sight word study successfully. Has met with some phonics success.	Reading on pre-primer level.
READING COMPREHENSION	If he can read all the words, he has good comprehension skills. E	Doesn't know the words.
MATHEMATICAL REASONING/READINESS	On the manipulative level he can demonstrate the concepts of addition and subtraction.	New concepts are hard. Applying concepts is difficult.
MATHEMATICAL CALCULATIONS	On grade level with basic facts to 18.	Doesn't know facts by heart. Need to notice which operation to perform
WRITTEN EXPRESSION	Verbally can create a complete sentence and copy it but not on his own	Can not create a concept in his own words on paper.
MOTOR SKILLS	Art is very good Cutting good Letter formation is average Large motor skills are fine.	None
SOCIALIZATION SKILLS	Usually gets along well with others.	Not outgoing Doesn't initiate friendships Sometimes gets mad.
PRE/VOCATIONAL SKILLS		
COMMENTS	His pronunciation problems interfere with sounding out words and giving the appropriate sound for a letter. Sometimes he can't be understood.	

Joanna Batson Classroom Teacher

COMPLETED BY: Virginia Stuhrenberg POSITION ESL TeacherDATE: 1/14/88 000055

1990-91      4<sup>th</sup>      Tryon Hills  
2530 Fort St.      Teacher Lesesne

EC Referral 1/91

ref. by L. Liseski-Davis - Speech Path.

'moderate language delay'

Testing:

Transtlph Rd. ENT → sensori neural hearing loss

- States he was retained 4<sup>th</sup> grade prev. year

Charlotte-Mecklenburg  
Local School Administrative Unit

DEC 1/HCA

8/89

Initial \_\_\_\_\_

Reeval. 

Other \_\_\_\_\_

## Exceptional Children Referral

Student: Kousoul ChanthakoummaneSchool: Tryon HillsSex: M Race: O Grade: 4Parent/Guardian: Kemoneh & PhongsavoutDate of Birth: 10/18/80 Age: \_\_\_\_\_Address: 2530 Fort St.28216I.D.#: 0024730Telephone: 393-5366

## I. REASONS FOR REFERRAL: Check each reason for referring this student.

1. <input type="checkbox"/> outstanding academic performance	6. <input type="checkbox"/> visual problems
2. <input type="checkbox"/> deficient in learning skills	7. <input checked="" type="checkbox"/> speech/language problems
3. <input type="checkbox"/> low academic performance	8. <input checked="" type="checkbox"/> hearing problems
4. <input type="checkbox"/> behavioral-emotional problems	9. <input type="checkbox"/> physical problems
5. <input type="checkbox"/> outstanding academic potential	10. <input type="checkbox"/> other (specify): _____

## II. DESCRIPTION OF REFERRED STUDENT: Check each statement which describes the student:

## POSITIVE BEHAVIORS/STRENGTHS

## Academics/Behavior

## Communication Skills

<input type="checkbox"/> Works well independently	<input type="checkbox"/> Skilled in divergent thinking	<input type="checkbox"/> Proficient in verbal skills
<input type="checkbox"/> Creative	<input type="checkbox"/> Accepts suggestions	<input type="checkbox"/> Proficient in language mechanics
<input type="checkbox"/> Displays leadership ability	<input type="checkbox"/> Appears self-confident	<input type="checkbox"/> Effective group participant
<input type="checkbox"/> Curious	<input type="checkbox"/> Concentrates for long periods	<input type="checkbox"/> Writes in concise & clear style
<input type="checkbox"/> Reads at or above grade level	<input type="checkbox"/> Mathematics at or above grade level	<input type="checkbox"/> Communicates well in groups
<input type="checkbox"/> Attentive	<input type="checkbox"/> Frequently contributes to class	<input type="checkbox"/> Expresses thoughts well
<input type="checkbox"/> Follows instructions easily	<input type="checkbox"/> Achieves at or above grade level in other content areas	<input type="checkbox"/> Articulation above age level
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Popular with classmates	<input type="checkbox"/> Speech flows smoothly
<input type="checkbox"/> Attention to exactness & detail	<input type="checkbox"/> Happy, easy-going	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Shows good sportsmanship	<input type="checkbox"/> Exceptional ability to recall facts	
<input type="checkbox"/> Interested	<input type="checkbox"/> Receives majority marks of A & B	
<input type="checkbox"/> Highly competent in vocabulary usage	<input type="checkbox"/> Courteous	
<input type="checkbox"/> Completes tasks assigned	<input type="checkbox"/> Does assignments promptly	
<input type="checkbox"/> Keen insight in problem solving	<input type="checkbox"/> Other (specify): _____	

## NEGATIVE BEHAVIORS/WEAKNESSES

## Academics/Behavior

<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Difficulty remembering facts	<input type="checkbox"/> Deficient in vocabulary
<input type="checkbox"/> Deficient in comprehension	<input type="checkbox"/> Deficient in mathematical operations	<input type="checkbox"/> Difficulty solving word problems
<input type="checkbox"/> Reads below grade level	<input type="checkbox"/> Achieves below grade level in other content areas	<input type="checkbox"/> Difficulty following directions
<input type="checkbox"/> Poor memory	<input type="checkbox"/> Talks excessively	<input type="checkbox"/> Poor handwriting
<input type="checkbox"/> Frequent reversals of letters and numbers	<input type="checkbox"/> Disorganized work habits	<input type="checkbox"/> Requires constant supervision
<input type="checkbox"/> Poor self-concept	<input type="checkbox"/> Talks about morbid themes	<input type="checkbox"/> Overactive
<input type="checkbox"/> Fights and/or bites	<input type="checkbox"/> Physically aggressive	<input type="checkbox"/> Talks about hurting or killing self
<input type="checkbox"/> Makes excuses	<input type="checkbox"/> Provokes/aggravates others	<input type="checkbox"/> Excessive daydreaming
<input type="checkbox"/> Lies	<input type="checkbox"/> Temper tantrums	<input type="checkbox"/> Destructive
<input type="checkbox"/> Oversensitive	<input type="checkbox"/> Appears depressed	<input type="checkbox"/> Steals
<input type="checkbox"/> Fearful	<input type="checkbox"/> Cries easily	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Disruptive	<input type="checkbox"/> Consistent inappropriate emotional responses	<input type="checkbox"/> Deliant/hostile
<input type="checkbox"/> Ritualistic behaviors-rocking, pacing, etc.	<input type="checkbox"/> Blames others	<input type="checkbox"/> Self-abusive behaviors
<input type="checkbox"/> Immature behaviors	<input type="checkbox"/> Abandons difficult tasks	<input type="checkbox"/> Poor peer relations
		<input type="checkbox"/> Irritable or moody
		<input type="checkbox"/> Other (specify): _____

(Continued)

White: Cumulative folder  
Yellow: Referring person

000057

DEC 1, Cont'd

<p><b>Communications Skills</b></p> <p><input checked="" type="checkbox"/> Difficulty using and understanding language</p> <p><input type="checkbox"/> Unable to communicate basic needs and wants</p> <p><input checked="" type="checkbox"/> Indistinct articulation-speech sounds omitted, substituted, distorted</p> <p><input type="checkbox"/> Voice problems</p> <p><input type="checkbox"/> Nonverbal</p> <p><input type="checkbox"/> Slow, labored speech</p> <p><input type="checkbox"/> Reluctant to communicate in groups</p> <p><input type="checkbox"/> Difficulty with written expression</p> <p><input type="checkbox"/> Cannot understand spoken language</p> <p><input type="checkbox"/> Difficulty in oral expression</p> <p><input type="checkbox"/> Speaks haltingly or stutters</p> <p>Other (specify): _____ _____ _____</p>	<p><b>Physical</b></p> <p><input type="checkbox"/> Physical complaints</p> <p><input type="checkbox"/> Bites nails</p> <p><input type="checkbox"/> Involuntary muscle spasms</p> <p><input type="checkbox"/> Lacks age-appropriate self-care</p> <p><input type="checkbox"/> Seizures</p> <p><input type="checkbox"/> Lack of physical mobility</p> <p><input type="checkbox"/> Poor gross motor skills</p> <p><input type="checkbox"/> Lacks fine motor coordination</p> <p><input type="checkbox"/> Difficulty copying - paper or board</p> <p><input type="checkbox"/> Chronic allergic conditions</p> <p><input checked="" type="checkbox"/> Impaired hearing</p> <p><input type="checkbox"/> Impaired vision</p> <p><input type="checkbox"/> Poor physical fitness</p> <p><input type="checkbox"/> Lethargic - tired and listless</p> <p><input type="checkbox"/> Overweight/underweight (circle)</p> <p><input type="checkbox"/> Asthma/epilepsy (circle)</p> <p><input type="checkbox"/> Wets or soils clothes</p> <p><input type="checkbox"/> Frequently gets hurt</p> <p><input type="checkbox"/> Currently takes medication</p> <p>Other (specify): _____ _____ _____</p>
<p>(Pass/Fail)</p> <p>Vision Screening _____ (If fail, must attach follow-up before proceeding with referral)</p> <p>Hearing Screening <u>Fail</u> _____</p> <p>Speech /Language Screening _____</p>	

Referring Person and Position:

Julie Davis - Fischi

Date submitted to SBC:

1/10/91

\*FOR SCHOOL-BASED COMMITTEE USE ONLY

Date Received by School-Based Committee: 1/10/91

Check Appropriately:

No Referral for Evaluation

Obtain Parental Permission for Evaluation (DEC 2)

Additional Information Needed (see below)

Comments (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School-Based Committee Signatures:

Date: 1/10/91

Position

APJaniferSIPBIEB Psychologist  
Jenn. (see Manager)  
00058White: Cumulative Folder  
Yellow: Referring person

Charlotte-Mecklenburg  
Local School Administrative Unit

DEC 2/HCA  
12/89

**PRIOR NOTICE AND PARENT/GUARDIAN CONSENT FOR EVALUATION**

Date Sent 1/8/91

Date Returned 1/9/91

Student: Kousoul Chanthakoummare Grade: 4 School: Tryon Hills

Dear Parents:

School personnel have recognized the need for gathering more information on your child. The proposed screenings and evaluation(s) by qualified personnel will include the use of one or more of the tests below to help determine his/her strengths and weaknesses and eligibility for special education services.

AREA	INFORMATION
Physical Health	Vision, hearing, motor, medical screening/evaluation
Educational	Reading, mathematics and other subjects - group/individual assessments; achievement tests; observation
Psychological	Mental ability, emotional development, perceptual, developmental, and adaptive behavior screening/evaluation
Social Appraisal	Social, personal, behavioral and developmental history
Communication Skills	Understanding and using spoken language - screening/evaluation
Intellectual	Group or individual intelligence
Other:	<u>Audiological</u>

A summary of these evaluations will be shared with you. If you have any questions, please contact:

Lia Ann Davis - Fiseishi at Tryon Hill  
(Name) (School)

**PARENTAL CONSENT**

Please sign A or B and return to: Tryon Hills

A. YES. I give my permission for my child to receive evaluation services. I have received the attached copy of the Handbook of Parents' Rights (due process procedures).

Chanthakoummare Komens 1/8/91 - FATHER  
(Name) (Date) (Relationship)

B. No. I do not give permission for my child to receive evaluation services. I have received a copy of the Handbook of Parents' Rights (due process procedures)

\_\_\_\_\_  
(Name) \_\_\_\_\_ / /  
(Date) \_\_\_\_\_ (Relationship)

White: Cumulative folder  
Yellow: Parent's Copy  
Pink: Teacher's copy

Charlotte-Mecklenburg  
Local School Administrative Unit

DEC 2/HCA  
12/89

**PRIOR NOTICE AND PARENT/GUARDIAN CONSENT FOR EVALUATION**

Date Sent 1/8/91

Date Returned 1/9/91

Student: Kousoul Chanthakoummare Grade: 4 School: Tryon Hills

Dear Parents:

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Social Appraisal	Social, personal, behavioral and developmental history
Communication Skills	Understanding and using spoken language - screening/evaluation
Intellectual	Group or individual intelligence
Other:	<u>Audiological</u>

A summary of these evaluations will be shared with you. If you have any questions, please contact:

Laura Davis - Fischi at Tryon Hill  
(Name) (School)

.....  
**PARENTAL CONSENT**  
.....

Please sign A or B and return to: Tryon Hills

A. YES, I give my permission for my child to receive evaluation services. I have received the attached copy of the **Handbook of Parents' Rights** (due process procedures).

Chanthakoummare Komorn 1/8/91 - FATHER  
(Name) (Date) (Relationship)

B. No, I do not give permission for my child to receive evaluation services. I have received a copy of the **Handbook of Parents' Rights** (due process procedures)

.....  
\_\_\_\_\_  
(Name) \_\_\_\_\_ / /  
(Date) \_\_\_\_\_ (Relationship)

White: Cumulative folder  
Yellow: Parent's Copy  
Pink: Teacher's copy

000060

6164.12  
3/67

CHARLOTTE-MECKLENBURG SCHOOLS  
EXCEPTIONAL CHILDREN

Vision Screening

Name: Kousoul Chanthakummane DOB: 10-1-80 Date: 1/10/91  
School: Tryon Hills Grade: 4 Teacher: Lesesne  
Person doing screening: Teresa Day Kuncannon

Wears glasses or contacts: Yes        No ✓

Far Point Acuity Pass ✓

\*Fail       

Near Point Acuity Pass ✓

\*Fail       

\*Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6164.10  
5/90

CHARLOTTE-MECKLENBURG SCHOOLS  
EXCEPTIONAL CHILDREN  
Hearing Screening

NAME: Kousoul Chanthakoummane ID #: 00 24730 DATE: 1/10/91

SCHOOL: Tryon Hills D.O.B.: 10/1/80 GRADE: 4 TEACHER: Lesesne

PERSON DOING SCREENING: L. Davis - Fischi

REASON FOR REFERRAL: nurse referred

PASS R: \_\_\_\_\_ L: \_\_\_\_\_

FAIL R: ✓ L: ✓

COULD NOT TEST: \_\_\_\_\_

CRITERIA: 25 dB (intensity level) 500 1K, 2K, 4K Hz (Frequencies)

Cumulative Folder

000062

## CHARLOTTE-MECKLENBURG SCHOOLS EXCEPTIONAL CHILDREN'S PROGRAM

### Report of Hearing Evaluation

NAME: Cassoul Chantha Kounmore SCHOOL: Irvin Hills

Your child's hearing was tested on 1/8/91. The results are described in the sections checked below.

- Your child passed a hearing rescreening of 25dB HTL at 500, 1000, 2000, and 4000Hz bilaterally.
- Results indicate that your child has normal hearing at this time.
- There has been no significant change in hearing levels since the last test on record.
- A slight hearing loss was identified. At this time, the hearing loss does not warrant a medical referral, nor should it cause any communication difficulty.

#### PLEASE NOTE THE FOLLOWING:

- Wax is noted in the right / left ear canal. You may wish to consult your physician about removal.
- The ventilation tube/s in the right / left ear appears to be working (tympanometry measures).
- The ventilation tube/s in the right / left ear does NOT appear to be working (tympanometry measures). Please contact the managing ear doctor.
- Another test useful in identifying middle ear problems (tympanometry) indicates pressure behind the eardrum/s. This often occurs when an ear infection is just beginning or ending, and is often associated with colds or congestion. Hearing may fluctuate with this pressure. You may wish to consult your physician.

#### PLEASE CALL ME AT 343-5455:

- to discuss your child's hearing test results.
- to schedule a hearing evaluation by the CMS Audiology Department.
- to schedule the annual hearing evaluation.
- to schedule a hearing aid and/or FM system check.
- if you are aware of a hearing loss and your child has been evaluated within the last year.

#### RECOMMENDATIONS:

- Hearing should be retested annually.
- Hearing aid/s should be checked daily for function and use.
- Classroom interventions regarding hearing loss should continue. Please review recommendations in the cumulative folder.
- The hearing aid dispenser should be contacted to repair or replace hearing aid \_\_\_\_\_ earmold \_\_\_\_\_ or resupply batteries \_\_\_\_\_.
- Please notify the audiologist of annual review and triennial certification conferences.
- Please refer this student to the audiologist if you suspect hearing has changed or is adversely affecting the child's education.

maria Sheon - Clark, MS CCC-A  
AUDIOLIST

This report should be made available to administrators, teachers, and parents upon request. The report should then be filed in the student's cumulative folder.  
If there are any changes in the preceding recommendations an amended or superseding report will be sent. Until one arrives, this report should be assumed current.

000063

## INTERVENTION STRATEGIES FOR HEARING IMPAIRED STUDENTS

### CLASSROOM INTERVENTIONS FOR KOUSOUL CHANTHAKOMMANE

RE: HIGH FREQUENCY HEARING LOSS BILATERALLY  
FOR THE DURATION OF HIS ACADEMIC CAREER IN CMS SCHOOLS  
AUDIOLOGIST: MARTI SLOAN-CLONTZ, MS, CCC-A  
DATE: 2/11/91

#### EFFECTS OF UNILATERAL LOSS ON COMMUNICATION IN THE CLASSROOM:

He may have reduced understanding of speech in background noise, poor acoustical conditions, at a distance from the speaker, or when any competing sounds are interfering with his hearing.

The following interventions may be necessary to maximize reception and understanding of educational material presented auditorily in the classroom.

Factors that may decrease understanding of speech/instructional material are:

- 1-background noise or competing messages
- 2-distance from the speaker
- 3-lack of visual cues, especially from the speakers' face
- 4-unstructured presentation or teaching style.

#### INTERVENTIONS:

##### GENERAL INTERVENTIONS:

1- Repetition and/or rephrasing of instructional material may be necessary at times for this student. A pre-arranged signal is recommended to indicate the need for repetition and clarification of auditory messages.

2- A "buddy" system arranged by the teacher could be used to confirm homework assignments, confirm public address announcements, and be a notetaker for lectures (using carbonless paper provided by the school system). These interventions could facilitate an unobtrusive reinforcement of instructional material.

## INTERVENTION STRATEGIES FOR HEARING IMPAIRED STUDENTS

### COMPENSATIONS FOR BACKGROUND NOISE OR COMPETING MESSAGES

Any sound other than the speaker's voice should be considered as a competing message or noise. Distance from heating/cooling vents, doorways, A-V equipment fans, bathrooms-water fountains, and high traffic hallways should be increased as much as practical. Carpeting in a classroom should be considered a positive factor in reducing room "echo" or reverberation. Generally, an "open" classroom is inappropriate for a student with a hearing impairment.

### COMPENSATIONS FOR DISTANCE FROM THE SPEAKER

The student should be seated within 6-8 feet of the speaker to enable a clearline of vision for speechreading and to insure a maximum change during the day to respond to changing instructional strategies/events/speaker.

### VISUAL CUES

The student may need visual cues during lectures to facilitate speechreading and auditory closure skills. Cues could include use of the chalkboard, handouts and copies of notes, advance vocabulary lists and advance reading/lecture assignments. The more familiar the student is with the topic and vocabulary, the greater the understanding will be with less fatigue.

## INTERVENTION STRATEGIES FOR HEARING IMPAIRED STUDENTS

### STRUCTURE OF PRESENTATION

The student may need to combine the visual and auditory cues for recognition and understanding of the message. The more internal structure of the lecture and redundancy and variety of cues, the greater will be the understanding of the message. The teacher must remember that detection of his/her voice does not always mean understanding by the student with the hearing impairment.

Class discussions should be considered as more difficult for the hearing impaired student requiring more interventions to facilitate understanding. The teacher may repeat the question or answer of a student seated behind or at a distance from the hearing impaired student.

Test modifications are appropriate if this student is certified through CMS procedures in the Hearing Impaired program.

Hearing levels of this student may change due to colds, infections, or progression of loss. Any suspected change in hearing acuity should be noted and reported to the parent and audiologist monitoring this student.

All school personnel working with this student should be aware of these intervention strategies.

If you have any questions, please feel free to contact me at 343-5455 at any time.

Marti Sloan-Clontz, MS CCC-A  
CMS Audiologist

Charlotte-Mecklenburg Schools  
Exceptional Children6164.60.  
8-82

## SPEECH AND LANGUAGE SCREENING FORM

Kousoul Chanthakoummane 0024730 10/1/80  
 Student's Name I.D. No. D.O.B.C.A.

Tryon Hills Lesesne 4  
 School Teacher Grade

L. Davis - Liseski 1/10/91  
 Examiner Screening Date

I.	<u>Receptive Vocabulary</u>		<u>Labeling</u>			<u>Articulation</u>	
	cor.	inc.		trial		errors	
1.	0	0	1.	0	0	0	1.
2.	0	0	2.	0	0	0	2.
3.	0	0	3.	0	0	0	3.
4.	0	0	4.	0	0	0	4.
5.	0	0	5.	0	0	0	5.
6.	0	0	6.	0	0	0	6.
7.	0	0	7.	0	0	0	7.
8.	0	0	8.	0	0	0	8.
9.	0	0	9.	0	0	0	9.
10.	0	0	10.	0	0	0	10.
11.	0	0	11.	0	0	0	11.
12.	0	0	12.	0	0	0	12.

II.	<u>Semantics</u>		<u>Morphology</u>		<u>Syntax</u>	
	(receptive)	(Expr.)	cor.	inc.	cor.	inc.
	yes	no				
1.	0	---	0	---	0	0
2.	0	---	0	0	0	0
3.	0	---	0	---	0	0
4.	0	---	0	---	0	0
5.	0	---	0	0	0	0
6.	0	---	0	---	0	0
7.	0	---	0	0	0	0
8.	0	---	0	0	0	0
			1.	0	0	1.
			2.	0	0	2.
			3.	0	0	3.
			4.	0	0	4.
			5.	0	0	5.
			6.	0	0	6.
			7.	0	0	7.
			8.	0	0	8.
			9.	0	0	9.
					10.	0
					11.	0
					12.	0

Fail  
was certified in  
1988 SE

Picture Description  
Subject/Verb Responses  
Minus (-) errors  
Total

Check Areas Needing Further Diagnostics

Receptive Vocabulary  
 Labeling  
 Semantics  
 Morphology  
 Syntax

Articulation  
 Voice  
 Fluency  
 Hearing  
 Other

Charlotte-Mecklenburg  
Local School Administrative Unit

DEC 4/HCA  
8/89

## SUMMARY OF EVALUATION RESULTS

Student: Kousoul Chanthakoummane Grade: 4 Check Purpose  
 Initial  
 Reevaluation  
 Other: \_\_\_\_\_

School: Tryon Hills

DATE	SCREENING INFORMATION	RESULTS (if fail, must include results)
1/1	Vision Screening	Pass/Fail: Far R20/ L 20/ Near R20/ L20/
1/10/91	Hearing Screening	Pass/Fail: 25 dB (Intensity level) 25 Hz (Frequencies)
1/10/91	Speech/Language Screening	Fail

1/1	Psychomotor Screening
1/1	Health Screening
1/1	Other: _____

### DATE EVALUATION INFORMATION

3/21/91	Educational Evaluation	Test/Assessment: <u>Woodcock-Johnson</u>
	Results: <u>Reading &amp; Math Average</u>	<u>Written Lang. Below Average</u>
1/1	Psychological Evaluation	Test: _____
	Results: _____	

1/1	Behavioral-Emotional Evaluation	Test: _____
	Results: _____	

1/1	Cognitive Evaluation	Test: _____
	Results: _____	

1/31/91	Speech-Language Evaluation	Test: <u>Receptive One Word Picture Vocabulary Test</u>
	Results: <u>Standard Score 58 language age 8yr 8 mo</u>	

	Test: <u>Expressive One Word Picture Vocabulary Test</u>
	Results: <u>Standard Score 87 language age 8yr 8 mo</u>

1/1	Adaptive-Behavior Evaluation	Test: _____
	Results: _____	

1/1	Medical Evaluation	Assessment: _____
	Results: _____	

1/7/91	Other: <u>Speech Language</u>	Test/Assessment: <u>Test of Language Development-2 Intermediate</u>
	Results: <u>All subtests were below the average range</u>	

### SUMMARY OF EVALUATION RESULTS/PRESENT LEVEL OF PERFORMANCE

Strengths: Kousoul is willing to attempt any task - he is cooperative and continues to try.

Needs: Kousoul needs help in language development. He has difficulty with receptive tasks.

Actual copies of evaluation reports must be placed in child's folder.

Parent Copy sent/given 2/20/91

White: Cumulative folder  
Yellow: Parent's copy  
227

## COMPUSCORE FOR THE WJ-R

04/10/1991 11:10 am

## Norms Based on Age

Name: Koscul ChanthaKoummane

ID: 0024730

Page: 1

Sex: M  
 Examiner: M. Rowell  
 Testing Date: 03/21/1991  
 Birth Date: 10/01/1980  
 Age: 10 years 6 months  
 Grade Placement: 4.6  
 Years Retained:  
 Years Skipped:  
 Years of Schooling: 4.6

School/Agency: Tryon Hills  
 Teacher/Dept:  
 City: State:  
 Adult Subjects  
 Education:  
 Occupation:  
 Other Info:  
 Glasses: No Used: No  
 Hearing Aid: No Used: No

Test Name	Raw Score	W	Age Equiv.	Grade Equiv.	RMI	SS	FR
Form A was used to obtain Achievement Scores							
22. Letter-Word Identification	41	498	10-4	5.1	88/90	99	47
					-1 SEM	95	37
					+1 SEM	103	58
23. Passage Comprehension	23	499	10-5	5.1	90/90	100	50
					-1 SEM	95	37
					+1 SEM	105	63
24. Calculation	25	508	11-3	5.9	96/90	110	75
					-1 SEM	106	66
					+1 SEM	114	82
25. Applied Problems	31	492	9-7	4.0	79/90	94	34
					-1 SEM	89	23
					+1 SEM	99	47
26. Dictation	26	479	8-4	2.9	50/90	84	15
					-1 SEM	79	8
					+1 SEM	89	23
27. Writing Samples	17-W	496	9-5	3.9	84/90	94	35
					-1 SEM	89	23
					+1 SEM	99	47
28. Science	21	477	7-2	1.9	39/90	80	9
					-1 SEM	74	4
					+1 SEM	86	18
29. Social Studies	20	494	9-8	4.3	81/90	94	34
					-1 SEM	88	21
					+1 SEM	100	50

000069

Name: Kosoul ChanthaKoummane

ID: 0024730

Page: 2

Test Name	Raw Score	W	Age Equiv.	Grade Equiv	RMI	SS	PR
30. Humanities	22	489	8-2	2.8	68/90	88 -1 SEM +1 SEM	21 83 93
<u>BROAD READING</u> <u>22-23</u>	---	498	10-6	5.0	88/90	95 -1 SEM +1 SEM	46 39 102
<u>BROAD MATH (Gq)</u> <u>24-25</u>	---	500	10-5	5.0	90/90	100 -1 SEM +1 SEM	50 39 104
<u>BROAD WRITTEN LANGUAGE</u> <u>14-27</u>	---	488	8-10	3.4	71/90	86 -1 SEM +1 SEM	18 12 90
<u>BROAD KNOWLEDGE (E Dev)</u>	---	487	8-4	2.9	65/90	86 -1 SEM +1 SEM	18 12 90
<u>SKILLS (E Dev)</u>	---	490	9-4	4.0	75/90	91 -1 SEM +1 SEM	28 21 94
31. Word Attack	25	514	29[54]	14.4	98/90	121 -1 SEM +1 SEM	92 86 126
32. Reading Vocabulary	24	494	9-8	4.3	84/90	96 -1 SEM +1 SEM	40 30 100
33. Quantitative Concepts	32	505	10-10	5.5	93/90	105 -1 SEM +1 SEM	63 47 111
34. Proofing	11	496	9-9	4.3	84/90	95 -1 SEM +1 SEM	40 30 100
35. Writing Fluency	16	497	10-2	4.8	87/90	97 -1 SEM +1 SEM	41 21 106
BASIC READING SKILLS	---	506	11-8	6.0	95/90	108 -1 SEM +1 SEM	69 63 111

Name: Kosoul Chanthakoummane

ID: 0024730

Page:

Test Name	Raw Score	W	Age Equiv.	Grade Equiv.	RMI	SS	PR
READING COMPREHENSION	---	496	10-0	4.6	87/90	98	44
					-1 SEM	94	34
					+1 SEM	102	55
BASIC MATH SKILLS	---	506	11-1	5.6	95/90	109	72
					-1 SEM	105	63
					+1 SEM	113	81

MATHEMATICS  
REASONING

Use scores from Test 25: Applied Problems

BASIC WRITING SKILLS	---	488	8-10	3.6	71/90	89	23
					-1 SEM	86	18
					+1 SEM	92	30
WRITTEN EXPRESSION	---	496	9-8	4.4	85/90	95	37
					-1 SEM	91	27
					+1 SEM	99	47

Name: Kosoul Chanchakoummane

ID: 0024730

Page: 4

## Intra-Achievement Discrepancies

	ACTUAL SS	OTHER SS	EXPECTED SS	SS DIFF	PR	SD DIFF
Broad Reading (R)	99	91	91	8	82	0.91
Broad Mathematics (M)	100	90	91	9	82	0.93
Broad Written Language (W)	86	95	95	-9	15	-1.02
Broad Knowledge (K)	86	95	95	-9	18	-0.93

6164.82  
9/84

Charlotte-Mecklenburg Schools  
Exceptional Children  
**SPEECH/LANGUAGE DIAGNOSTIC SUMMARY**

Student \_\_\_\_\_  
School \_\_\_\_\_

Evaluator \_\_\_\_\_  
Date \_\_\_\_\_

**Articulation** \_\_\_\_\_

School Weighted Articulation Test: \_\_\_\_\_

Other Test Scores: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Oral Peripheral Examination** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Implications of Error Analysis** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fluency** \_\_\_\_\_

Fluency Rating Scale Score: \_\_\_\_\_

Other procedures and findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Voice** \_\_\_\_\_

CMS Voice Rating Scale: \_\_\_\_\_

Other procedures and findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Charlotte-Mecklenburg Schools  
Exceptional Children  
 SPEECH/LANGUAGE DIAGNOSTIC SUMMARY

Student: Kousoul Chanthakoummane      Evaluator: L. Davis-Liseski  
 School: Tryon Hills      Date: February 28, 1991  
 D.O.B: October 10, 1980      Age: 10 yr. 4 mo.

Articulation

School Weighted Articulation Test: \_\_\_\_\_

Other Test Scores: \_\_\_\_\_

Kousoul appeared to demonstrate a mild articulation difference. One that would accompany a moderate to severe sensori-neural hearing loss.

Oral Peripheral Examination: All structures and functions appear to be within normal limits.

Implications of Error Analysis: Kousoul's hearing loss facilitates errors on high frequency sounds those including s, z, sh, ch, j, f and v.

Kousoul demonstrates a mild distortion on those high frequency sounds.

Fluency: Appears to be within normal limits \_\_\_\_\_

Fluency Rating Scale Score: \_\_\_\_\_

Other Procedures and Findings: \_\_\_\_\_

Voice: \_\_\_\_\_

CMS Voice Rating Scale: \_\_\_\_\_

Other Procedures and Findings: During informal speaking situations Kousoul's voice appears to be slightly hoarse and raspy at times.

Language: \_\_\_\_\_

Tests and Scores:

Receptive One Word Picture Vocabulary Test

-Standard Score 69 Percentile 2 Stanine 1

-Language Age Score 6 yr 8 mo

Expressive One Word Picture Vocabulary Test

-Standard Score 87 Percentile 19 Stanine 3

-Language Age Score 8 yr 8 mo

Test of Language Development-2 Intermediate

	SS	%		Q
Sentence Combining	4	2	Spoken Language Quotient	68
Vocabulary	6	9	Listening Quotient	76
Word Ordering	4	2	Speaking Quotient	64
Generals	5	5	Semantics Quotient	76
Grammatic Comp.	5	5	Syntax Quotient	64

Clinical Evaluation of Language Fundamentals-Revised

	SS	PR
Oral Directions	4	2
Word Classes	5	5
Semantic Relationships	7	16
	SS	PR
Receptive Language Score	70	2

	SS	PR
<u>Formulated Sentences</u>	4	2
Recalling Sentences	4	2
Sentence Assembly	6	9
	SS	PR
Expressive Language Score	64	4
Total Language Score	65	5

**Analysis of Test Responses:** Kousoul was identified in Kindergarten at Chantilly School as having a significant high frequency sensori-neural hearing loss in both ears. Kousoul then transferred to Irwin Elementary where he was classified as a Speech Language Impaired student, however he was not serviced at that time, but placed on a waiting list. Kousoul then apparently transferred to an out of state school. He returned to Charlotte Mecklenburg school district for Fourth Grade.

Kousoul's test scores on the Receptive One Word Picture Vocabulary Test were significantly impaired. He only achieved a 69 which indicates a severe delay in receptive vocabulary. His scores on the EOWPVT were not as significantly impaired. His standard score of 87 shows a mild delay in expressive vocabulary. All scores on the TOLD-2 were below the average range of scores indicating difficulty in all areas of language.

Kousoul's scores on the CELF-R further substantiate that he demonstrates a moderate to severe language delay. His subtest scores were all 7 or below.

On the subtest for Oral Directions Kousoul exhibited difficulty with three level commands and those commands involving serial orientation. On the subtest for recalling sentences he demonstrated difficulty with active sentences with subordinate clauses and those with relative clauses. Kousoul's ability to identify word classes was impaired for those classes involving opposites and spatial relations.

In the Sentence Assembly subtest those items involving Declaratives with negatives, infinitival phrases, direct and indirect objects were missed more frequently than others. Those items involving Interrogatives with infinitival phrases and negatives were also missed more frequently than others.

On the Semantic Relationships subtest items involving comparative, passive and temporal categories were difficult while those in the spatial category appeared easier.

**Language Sample:**

**Procedures:** \_\_\_\_\_

**Findings:** \_\_\_\_\_

Form:

Content:

Function:

**Recommendations for Further Assessments and Evaluations:** It is recommended that Kousoul receive an educational evaluation by a Hearing Impaired Itinerant Teacher to determine if he would benefit from their services at this time. As Kousoul had previously been identified for Speech Language services

in 1986 it is the recommendation of this therapist that he  
~~continue to receive Speech Language Services.~~

Recommendations for Speech/Language Services: It is recommended at this time that Kousoul receive Speech Language services as a Level III with a point value of 6. His goals should focus on improving receptive vocabulary, improving articulation of fricative phonemes, improving all areas of language. It is further recommended that Kousoul receive some assistance in the area of hearing.

Respectfully submitted,



Lu Ann M. Davis-Liseski  
M.S. CCC-Sp.

Charlotte Mecklenburg  
Local School Administrative Unit

DEC 5/HCA

## INVITATION TO CONFERENCE

## Check Purpose

Initial Placement  
 Review  
 Reevaluation

Change in Placement  
 Exit from Program  
 Other: \_\_\_\_\_

Dear ParentsDate Sent 2/12/91Re: Kpusoul Chanthakoummane (Student's Name)

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss Kpusoul's special needs.

At this meeting, we would like to discuss one or more of the following:

Ways to meet the educational needs of your child  
 Evaluation results  
 Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or written education program.  
 Other: \_\_\_\_\_

The following people will be involved with the meeting:

Name	Position	Name	Position
<u>LaAnn Davis-Liseski</u>	<u>SIP</u>		

The meeting is scheduled for (date) 2-12-91 at (time) 7am (place) Tryon Hills

If this time is inconvenient, I will be happy to reschedule the meeting.

Please call (phone) 343-5510

Sincerely,



School-Based Committee Chairperson

Tryon Hills  
School

\*NOTE: You are entitled to all the due process rights in the Handbook of Parents' Rights, which you received

## PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

I will be present for the Conference.  
 I will not be able to attend. Please have the meeting without me. I understand that I may attach comments to this paper.  
 I cannot meet at this time. I will contact the school in order to arrange another time.

Kpusoul Chanthakoummane  
Parent/Guardian Signature

2/12/91

Date

\*\*\*\*\*PLEASE RETURN THIS FORM TO THE SCHOOL\*\*\*\*\*

2nd Notice / /  
Date

(Date Received: / /)

\*NOTE: Retain a copy in child's folder.

000077

Charlotte-Mecklenburg  
Local School Administrative Unit

DEC 5/HCA  
8/90

### INVITATION TO CONFERENCE

Check Purpose  
 Initial Placement  
 Review  
 Reevaluation  
 Screening/Evaluation

Change in Placement  
 Exit from Program  
 Other: \_\_\_\_\_

Date Sent 2/20/91

Dear Kemeh Chanthakoummare:

Re: Kousou Chanthakoummare (Student's Name)

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss Kousou's special needs.

At this meeting, we would like to discuss one or more of the following:

- Ways to meet the educational needs of your child
- Evaluation results
- Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or written education program.
- Other: \_\_\_\_\_

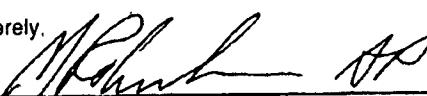
The following people will be involved with the meeting:

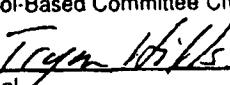
Name	Position	Name	Position
<u>Lee Ann Davis-Liseski</u>	<u>Speech</u>		
<u>Paul Carpenter</u>	<u>Self teacher</u>		
<u>Cynthia Mobley</u>	<u>SSS</u>		
<u>DP. Robertson</u>	<u>AP</u>		

The meeting is scheduled for (date) 2/20, at (time) 7:00, (place) Highland.  
 If this time is inconvenient, I will be happy to reschedule the meeting.

Please call (phone) 343-5511.

Sincerely,

  
 School-Based Committee Chairperson

  
 Troy Hills  
 School

\*NOTE: You are entitled to all the due process rights in the Handbook of Parents' Rights, which you received

#### PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- I will be present for the Conference.
- I will not be able to attend. Please have the meeting without me. I understand that I may attach comments to this paper.
- I cannot meet at this time. I will contact the school in order to arrange another time.

Kemeh Chanthakoummare  
 Parent/Guardian Signature

2/20/91  
 Date

\*\*\*\*\*PLEASE RETURN THIS FORM TO THE SCHOOL\*\*\*\*\*

2nd Notice 1/1  
 Date

(Date Received: 2/20/91)

\*NOTE: Retain a copy in child's folder.

White: Cumulative folder  
 Yellow: Parent's Copy  
 Pink: Teacher's copy

000078

Charlotte-Mecklenburg  
Local School Administrative Unit

8/89

INDIVIDUALIZED EDUCATION PROGRAM/SERVICE DELIVERY PLAN

Student: Kousoul Chantha Koummane  
School: Tyron Hills Elementary

## I. AREA OF ELIGIBILITY (mark only primary condition)

<input type="checkbox"/> Autistic	<input type="checkbox"/> Other Health Impaired
<input type="checkbox"/> Academically Gifted	<input type="checkbox"/> Deaf-Blind
<input type="checkbox"/> Behaviorally/Emotionally Handicapped	<input type="checkbox"/> Specific Learning Disabled
<input checked="" type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Speech and Language Impaired
<input type="checkbox"/> Mentally Handicapped	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> EMH <input type="checkbox"/> S/PMH <input type="checkbox"/> TMH	
<input type="checkbox"/> Multihandicapped	
<input type="checkbox"/> Orthopedically Impaired	

Check Purpose  
 Initial Entry  
 Annual Review  
 Reevaluation  
 Other: \_\_\_\_\_

## II. RELATED SERVICES

<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Occupational Therapy
<input checked="" type="checkbox"/> Speech-Language
<input type="checkbox"/> Transportation
<input checked="" type="checkbox"/> Audiology
<input type="checkbox"/> None
<input type="checkbox"/> AG
<input type="checkbox"/> Other _____

## III. RECOMMENDATIONS FOR NC TESTING PROGRAMS:

ANNUAL	MSDT	END-OF-COURSE	COMPETENCY	LOCAL
<input type="checkbox"/> Standard Administration	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> Standard	<input type="checkbox"/> TCS
<input checked="" type="checkbox"/> Will Take Modifications:	<input type="checkbox"/> Administration	<input type="checkbox"/> Administration	<input type="checkbox"/> Administration	<input type="checkbox"/> DAT
<input type="checkbox"/> CAT, Science, Social Studies	<input type="checkbox"/> Will Take Modifications	<input type="checkbox"/> Will Take Modifications	<input type="checkbox"/> Will Take Modifications	<input checked="" type="checkbox"/> CAT Grade 4, 5, 7, 9
<input type="checkbox"/> Writing Essay	<input type="checkbox"/> Reading, Math, Language	<input type="checkbox"/> specify course	<input type="checkbox"/> Reading, Math, Writing Objective	<input type="checkbox"/> Other (specify) _____
			<input type="checkbox"/> Writing Essay	

## SPECIFY

MODIFICATION(S): Small group setting

Excluded  Excluded  Excluded  Excluded\*\*\*  Excluded

\*\*\*In making this request we acknowledge that we fully understand that passing the competency tests is a requirement for earning a high school diploma. Parent or eligible student's signature required below if excluded.

## IV. LEAST RESTRICTIVE ENVIRONMENT

## A. CONTINUUM OF SERVICES: Check the services considered by the committee, and circle the decision reached.

Give reason(s) for options rejected and the decision reached. Time is based on 5 1/2 - hour day.

<input checked="" type="checkbox"/> Regular - Less than 21% of day (up to 1 hr., 15 min.)	<input type="checkbox"/> Private Separate School - 100%
<input checked="" type="checkbox"/> Resource - 21%-60% of day (1 hr., 15 min. to 3 hr., 30 min.)	<input type="checkbox"/> Public Residential - 100%
<input type="checkbox"/> Separate - 61% or more of day (excess of 3 hr., 30 min.)	<input type="checkbox"/> Private Residential - 100%
<input type="checkbox"/> Public Separate School - 100%	<input type="checkbox"/> Home/Hospital - 100%

Reason(s) for options rejected student is functioning on appropriate academic level.

Reason(s) for decision reached student needs support upon initially entering program

B. PROGRAM PLACEMENT Hearing Impaired, with Itinerant Consultative ServicesC. PERCENTAGE OF TIME IN EXCEPTIONAL EDUCATION (% AND RELATED SERVICES)  
(EXCLUDING TRANSPORTATION) %.

Speech 60m<sup>2</sup> per week

## D. DESCRIPTION OF THE REGULAR PROGRAM TO BE PROVIDED: (Check where appropriate)

<input checked="" type="checkbox"/> Reading	<input checked="" type="checkbox"/> Science	<input type="checkbox"/> Lunch	<input checked="" type="checkbox"/> Spelling
<input checked="" type="checkbox"/> Social Studies	<input checked="" type="checkbox"/> Math	<input checked="" type="checkbox"/> Writing	<input checked="" type="checkbox"/> Physical Education
<input checked="" type="checkbox"/> Recess	<input checked="" type="checkbox"/> English	<input type="checkbox"/> Vocational	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Art/Music	<input checked="" type="checkbox"/> Assemblies	<input type="checkbox"/> Homeroom	<input checked="" type="checkbox"/> Electives
<input checked="" type="checkbox"/> Library	<input checked="" type="checkbox"/> Language Arts		

V. INDICATE VOCATIONAL SERVICES TO STUDENTS 14 YEARS AND OLDER: N/AVI. IS ADAPTIVE PHYSICAL EDUCATION REQUIRED?  Yes  No

## VII. IEP COMMITTEE/PARENT PARTICIPATION

We have participated in the development and writing of the IEP/GEP Process:

Signatures K. Chantham (father) Position \_\_\_\_\_  
Melanie J. Rouse IT Itinerant Teacher  
Laura Davis-Lind SLP

## VIII. PARENT CONTACTS - DATE

Date of Meeting 2/20/91

Handbook on Parent's Rights Given at Annual Review

000079

A. Student: <u>Kousoul Chanthakoummane</u>		B. Date (excluding summer months): <u>20</u> <u>91</u>		
Grade: <u>2</u>		From <u>2</u> (mo.)	day <u>20</u> (day)	yr. <u>92</u> (yr.)
Annual Goal(s): <u>To maximize reception of auditory instructional materials.</u>		C. Present Level(s) of Performance (Summarize evaluation results): <u>Hearing tests indicate a mild to moderate hearing loss with improvement to hearing &amp; understanding when auditory trainer is worn. Educational tests indicate ability to function at grade-level.</u>		
1) To improve signal to noise ratio in classroom.		<p><u>Kousoul will:</u> Evaluative Criteria</p> <p>(1a) seat himself near teacher          (1b) avoid seating near noise especially low humming fans/lighters          (1c) will wear functional hearing aids/auditory trainer</p> <p>(1d) verify instructions via "buddy system" -Buddy assigned by teacher</p> <p>(2a) watch teacher's face to speechread          (2b) seat himself with clear line of vision          (2c) review teacher's assignments written on board/ handouts, or "buddy's" notes.</p>		
2) To improve compensating skills by using visual clues/skills		<p>Date Attained</p> <p><u>8/89</u></p>		
3) To preserve residual hearing		<p>(3a) have an annual hearing test and hearing aid check</p>		
1) Itinerant teacher will consult with teachers monthly.				

Initials: Cumulative folder  
 Name: Parents  
 Pk. Service Provider

DEC 7 HCA  
 8/89  
 (Page 2)

000080

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(John)

Student: <u>Kousawl Chanthakoummene</u>	School: <u>Troy Hills</u>	IEP Date: <u>6-26-91</u>
Home Phone: <u>393-5366</u>	School Phone: <u>343-2530</u>	Audiologist: <u>Sloane (Cont'd)</u>
Work Phone	DOB: <u>10-1-80</u>	ID# <u>0024730</u>
date: <u>9-5-91</u> Consulted w/ classroom teacher - K. Smith.	date: <u>10-9-91</u> Consulted w/ audiologist has A.T. & DK - Gov areas make ear molds -	date: <u>1-9-92</u> L. & H. H. H. from Audiology Services - Purchased by Project Hope - ITE - Poor motivation in classrooms - scheduled SBC 1-17-92
date: <u>1-27-92</u> Apt. Yo. Counsel w/ John about new A.A. Aids to be kept at school Checked them - Student absent H.B.T.S. Speech	date: <u>1-30-92</u> Confusing John - He likes the aids - has problems 3 c's (back) D.F. (reading)	date: <u>2-28-92</u> SBC S. 100-48
date: <u>5-7-92</u> Telephone conference w/ up Sp/Langs re: IEP	date: <u>5-22-92</u> SBC neg cognitive test: <del>re</del> 92/93 left diff. of vs for IEP by Sp/Lang. Clinician	date: <u>6-8-92</u> Check. Report Card & reg placement b regrade
date:	date:	date: <u>7-20-92</u> Rec. cassette & audio.

A.T. = Auditory Training  
Voc. = Vocabulary Development  
000081 L. = Language Development  
S.S. = Study Skills

## Condition:

PA = personal aid  
ATU = auditory training unit  
NA = unaided

A. Student: <u>Kousoul Chanthakoummane</u>	B. Date: From <u>20</u> (mo) <u>20</u> (day) <u>91</u> (yr.)
Grade: <u>4</u>	To <u>2</u> (mo.) <u>20</u> (day) <u>92</u> (yr.)
Annual Goal(s) <u>To improve receptive and expressive language.</u>	C. Present Level(s) of Performance (Summarize evaluation results) <u>Kousoul has a moderate language delay.</u>
D.	

Using a variety of literature in thematic units, the student will be able to:

- 1- predict outcomes/consequences
- 2- choose 4,5,6 events / places / situations that are the same.
- 3- sequence 4,5,6 events and re-tell story from those pictures.
- 4- classify people/places/actions and things in the book.
- 5- identify and express similarities and differences among characters, settings, actions + different versions of the same story.
- 6- to complete other selected language processing skills.

Evaluative Criteria  
of consistent use of objectives

Date Attained

Consultation @ classroom  
teacher  
Observation

Charlotte-Mecklenburg  
Local School Administrative Unit

DEC 9/HCA  
12/89

## PRIOR NOTICE AND CONSENT FOR INITIAL PLACEMENT

Dear Parents,

Re: Kousoul Chanthakouman (Student) ID# 00 24730

The screening and evaluation of your child has been completed. The IEP/GEP/written plan has been developed based upon his/her strengths and needs. We are recommending services in the ~~Hearing Impaired~~ program.

### ..... Parental Consent .....

Please indicate your choice with a check:

I/We agree for my child to receive services in the Hearing Impaired program.  
I/We have participated in or have been given the opportunity to participate in the development of the IEP/GEP/written plan (which describes the program proposed for my child). I received a summary and a description of the evaluation procedures, and the Handbook of Parents' Rights (due process procedures).

I/We do not agree for my child to receive services in the Hearing Impaired program.  
I/We have participated in or have been given the opportunity to participate in the development of the IEP/GEP/written plan (which describes the program proposed for my child). I received a summary and a description of the evaluation procedures, and the Handbook of Parents' Rights (due process procedures).

Kousoul Chanthakouman 2/20/91  
Parent's Signature Date

Sent to Parent: 2/20/91

Return to: Tryon Hills  
\_\_\_\_\_  
\_\_\_\_\_

\*Contact this same person at the same address for instructions if you wish to request an impartial hearing.

White: Cumulative folder  
Yellow: Parent's Copy  
Pink: Teacher's copy

000083

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Administrative Placement Committee Review Form

Administrative Placement Committee Review Form

Student Name Karen L. Bentukaymore Pupil ID # 002473 Age 10 DOB 10-1-80

Parent's Name \_\_\_\_\_

Grid Code \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Current Placement Regular ed

Home School Troy Hills

Date of Last Review \_\_\_\_\_

Committee Members

Paul Celler  
Glennice Moody  
Mary Schutte

Position

Chair APC  
Prog. Spec. EC  
E.C. Program specialist

Recommendation/Justification

C APC concurs with recommendation  
for corrective itinerant hi. i. services.

Parent Contact: Name \_\_\_\_\_

Position \_\_\_\_\_

Contact Date Deadline \_\_\_\_\_

White: Cumulative Folder  
Yellow: File of Central APC  
Pink: Marketing Program  
Blue: Staffing Plan

copy audiology #454  
~~11-12-80~~

Melanie Howell - V.I.L.H.s

000084

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6/5/71

38

Charlotte-Mecklenburg  
Local School Administrative UnitDEC 8/HCA  
8/89

## RECOMMENDATION/APPROVAL FOR PLACEMENT

Student: Kousoul Chanthakoummane  
School: Tryon HillsCheck Purpose:  
 Initial Placement  
 Reevaluation  
 Change in Placement/Setting  
 Other: \_\_\_\_\_

School-Based Committee

Date 3/7/91

We have reviewed all the required documentation and

(a) do not recommend placement of Kousoul in the Hearing Impaired program, @ Speech as a related service.

(b) recommend continued placement.

(c) recommend a change in placement/setting to \_\_\_\_\_, or

(d) recommend exit from the \_\_\_\_\_ program.

M. Rehm Signature APC Rep. Position  
Connie N. Mally SSS  
Roy C. Cade BIEU Teacher  
Lilian Davis-Friesch SIP  
Terriene N. Yure CIR

APC Rep., if combined  
[ ] approval [ ] disapproval

Administrative Placement Committee

Date 6/26/91

We have reviewed all required documentation, and the recommendation of the School-Based Committee.

 Approval  DisapprovalReason(s): Area APC approves continued hearing impaired services with speech as a related service.

Terri E. Gadsden Signature Area Rep. Position  
W. H. Hargrove SSS  
Carolyn Stanier SSS

6/15/91

38

Charlotte-Mecklenburg  
Local School Administrative Unit

DEC 8/HCA  
8/89

### RECOMMENDATION/APPROVAL FOR PLACEMENT

Student: Kousoul Chanthakoumane  
School: Tryon Hills

Check Purpose:  
 Initial Placement  
 Reevaluation  
 Change in Placement/Setting  
 Other: \_\_\_\_\_

School-Based Committee

Date 3.7.91

We have reviewed all the required documentation and  
 (a) do not recommend placement of Kousoul in the Hearing Impaired program, @ Speech as a related service  
 (b) recommend continued placement.  
 (c) recommend a change in placement/setting to \_\_\_\_\_, or  
 (d) recommend exit from the \_\_\_\_\_ program.

M. Rohr Signature APC Position  
Cynthia N. Mabey SSS  
Paul Carl BIEW Teacher  
Julian Davis-Lisicki SIP  
Virginia D. Ervin CCR

APC Rep., if combined  
 approval  disapproval

Administrative Placement Committee

Date 6.26.91

We have reviewed all required documentation, and the recommendation of the School-Based Committee.

Approval  Disapproval

Reason(s): Area APC approves continued hearing impaired services with speech as a related service.

June E. Balder Signature Area APC Position  
Phyllis SSS  
Carolyn Van der

Area  
ControlCharlotte-Mecklenburg Schools  
**EXCEPTIONAL CHILDREN**6164.22  
9/85

## Administrative Placement Committee Review Form

I. Pupil Name Kousoul Chanthakoumane Pupil ID# 0024730 Age 10 DOB 10-1-80

Address \_\_\_\_\_ Grid Code \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Date 7-21-91 Home School Tayson HillsCurrent Placement Regular ed Date of Last Review \_\_\_\_\_

## II. Committee Members

1. Jeff Cullen
2. Florence Moody
3. Yvonne Schulte
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

## Position

Chair APC  
Prog. Spec. EC  
E.C. Program specialist

## III. Recommendation/Justification

C APC concurs with recommendation  
for consultative itinerant h. i. services

## IV. Placement Contact: Name \_\_\_\_\_

Position \_\_\_\_\_

Contact Date Deadline \_\_\_\_\_

White: Cumulative Folder  
 Yellow: Area or Central APC  
 Pink: Receiving Program

copy audiology #454

11-2-91

Melanie Howell - Vill. Hts

000087

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**PRIOR NOTICE AND CONSENT FOR INITIAL PLACEMENT**

Dear Parent(s)

Re: Kousal Chortekar (summarized Student) ID# 00 24730

The screening and evaluation of your child has been completed. The IEP/GEP/written plan has been developed based upon higher strengths and needs. We are recommending services in the the Hearing Impaired program

.....  
**Parental Consent**  
.....

Please indicate your choice with a check:

I agree for my child to receive services in the Hearing Impaired program  
I/We have participated in or have been given the opportunity to participate in the development of the IEP/GEP/written plan (which describes the program proposed for my child). I received a summary and a description of the evaluation procedures, and the Handbook of Parents' Rights (due process procedures)

I do not agree for my child to receive services in the Hearing Impaired program  
I/We have participated in or have been given the opportunity to participate in the development of the IEP/GEP/written plan (which describes the program proposed for my child). I received a summary and a description of the evaluation procedures, and the Handbook of Parents' Rights (due process procedures).

Kousal Chortekar - 2/20/91  
Parent's Signature Date

Send to Parent 2/20/91

Return to Tryon Hills

\*Contact this same person at the same address for instructions if you wish to request an impartial hearing

White Cumulative folder  
Yellow Parent's Copy  
Pink Teacher's copy

5110.4  
7185

CHARLOTTE-MECKLENBURG SCHOOLS  
INTERNATIONAL CENTER  
GRADE PLACEMENT

I recommend that Kosoul Chanthakoummane be placed in the 4th grade for the following reasons:

According to his mother, he was in 4th grade last year and was retained. The school papers weren't available at the time of registration, but the parents have them at home and will bring them to school.

If this recommendation does not meet with your approval, please let me know so that we may change our records.

Jan Webb

International Center Staff

According to the Public School Law of North Carolina #115C-288 "The principal shall have the authority to grade and classify pupils and exercise discipline over the pupils of the school." Principals of the Charlotte-Mecklenburg Schools will accept and place students in the grade which will best meet their educational needs. Age, previous education, and individual situations will be taken into consideration.

Ultimate grade placement is contingent upon the receipt of student transcripts which have been equated (by Charlotte-Mecklenburg Schools) to correspond with state and local requirements of units of credit.

I understand the above statements regarding grade placement.

Phonsi Chanthakoummane  
Signature of Parent or Guardian

8-23-90

Date

000089

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**Randolph Road  
Ear, Nose & Throat  
Associates, P.A.**

JOHN W. FOUST, M.D.,F.A.C.S.  
G. DON ROBERSON, M.D.,F.A.C.S.  
N. NEIL HOWELL, M.D.,F.A.C.S.  
RONALD G. DENNIS, M.D.  
KENNETH W. COMPTON, M.D.  
E. ARTHUR BOLZ, M.D.  
SUITE 210, RANDOLPH BUILDING  
RANDOLPH MEDICAL PARK

OTOTOLOGY — OTONEUROLOGY — ENT ALLERGY — NASAL PLASTIC SURGERY — LARYNGOLOGY — HEAD AND NECK ONCOLOGY — MAXILLOFACIAL SURGERY

May 30, 1991

Ms. Lu Ann Liseski  
Speech Pathologist  
Tryon Hills Elementary School  
2600 Grimes Street  
Charlotte, N.C. 28206

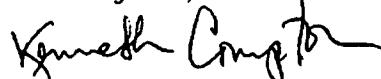
RE: Cousoul Chanthakoummane

Dear Ms. Liseski:

This is a note regarding Cousoul Chanthakoummane regarding his need for a hearing aid. He was seen in our office on 4/18/91 where past audiograms dating back to January of 1991 were reviewed. It is quite apparent that he has a sensorineural hearing loss that would benefit greatly from amplification. His examination in the office disclosed no findings to suggest that he had correctable hearing. I would strongly recommend that he receive hearing aids to improve his school performance.

If I can be of any further help, please contact me.

Kindest regards,



Kenneth W. Compton, N.D.

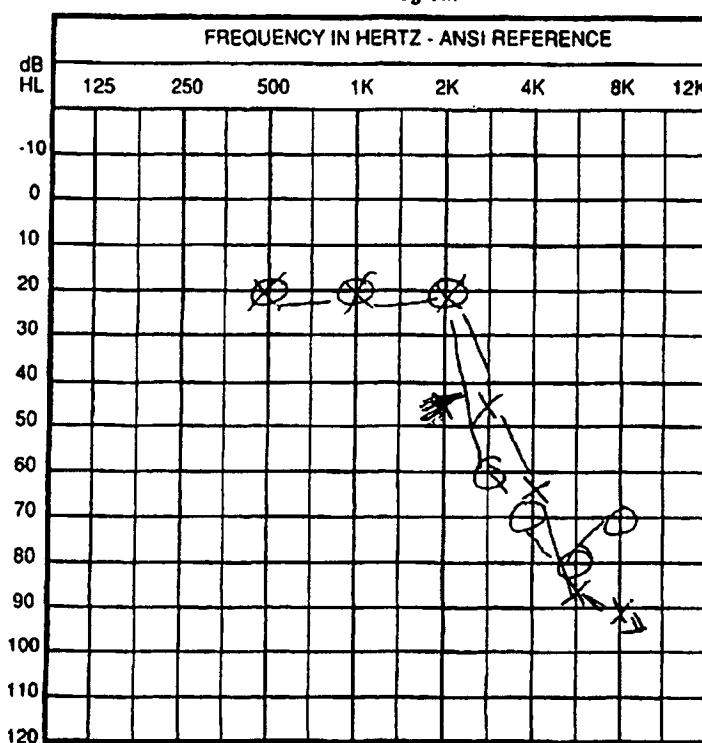
KWC:SIM/aw

FOR MEDICAL REFERRALS PLEASE HAVE PHONETIC TRANSCRIPTION FILL OUT REVERSE SIDE OF THIS FORM AND RETAIN TO AUDIOLOGIST

6164.56  
5790CHARLOTTE-MECKLENBURG SCHOOLS AUDIOLOGICAL EVALUATION  
Program for the Hearing Impaired/Hearing Conservation Program

Name: Caroul Chantcha Kaummane ID #: 0024730 Date of Test: 1/8/91  
 School: Troy Hills Grade: 4 Teacher: Lesesne DOB: 10/11/80  
 Parents/Guardian: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_  
 Address: 2520 Fort Street City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Sex: M F Race: W B A Other: \_\_\_\_\_ Referred by: L. Liscski-Davis  
 Parent Permission: \_\_\_\_\_ Screening: \_\_\_\_\_ Known Case: \_\_\_\_\_  
 Reliability: Good Fair Poor Inconsistent  
 Validity: Acceptable Questionable

## Audiogram

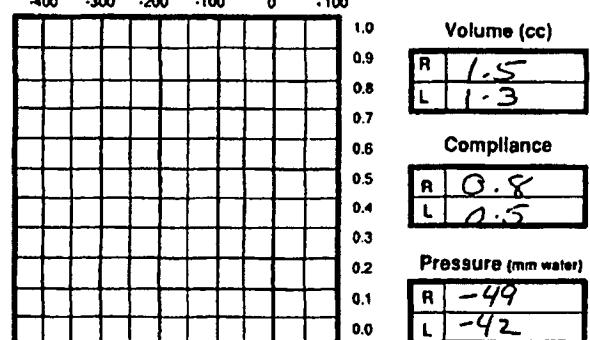


## Speech Audiometry

	SAT/SRT	SD	@dB	SD Noise	@dB	S/N
Right		%		%		
Left		%		%		
Field		%		%		
Aided		%		%		
FM		%		%		

List \_\_\_\_\_ Live \_\_\_\_\_ Tape \_\_\_\_\_  
 HA \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_

## Tympanogram



## Tymp Type:

R: A L: A

## Acoustic Reflexes (Ipsi Contralateral)

500 1K 2K 4K

Tubes: \_\_\_\_\_

R: \_\_\_\_\_ L: \_\_\_\_\_

R			
L			

Otoscopic:

Comments: Needs to be seen in CMS  
Otolaryngology Clinic - explore the  
possibility of amplification

Recommendations: Annual Retest Medical Referral HAE HA Repair Earmolds Certification FM

Results: R: Conductive Sensorineural Mixed Normal Mild Moderate Severe Profound Flat Slope Stable High Frequency  
 L: Conductive Sensorineural Mixed Normal Mild Moderate Severe Profound Flat Slope Stable High Frequency

M. Sloan - Client  
 Audiologist

\*PHYSICIAN, PLEASE FILL OUT SUMMARY ON REVERSE SIDE

WHITE: CUMULATIVE YELLOW: PARENT PINK: NURSE

	AIR	Masked	Bone	Masked
RIGHT	0	Δ	<	1
LEFT	X	□	>	1
Soundfield	Air	HA	FM	
	S	A	T	

CNT - Couldn't Test  
 DNT - Didn't Test  
 ↓/NR - No Response

000091

250

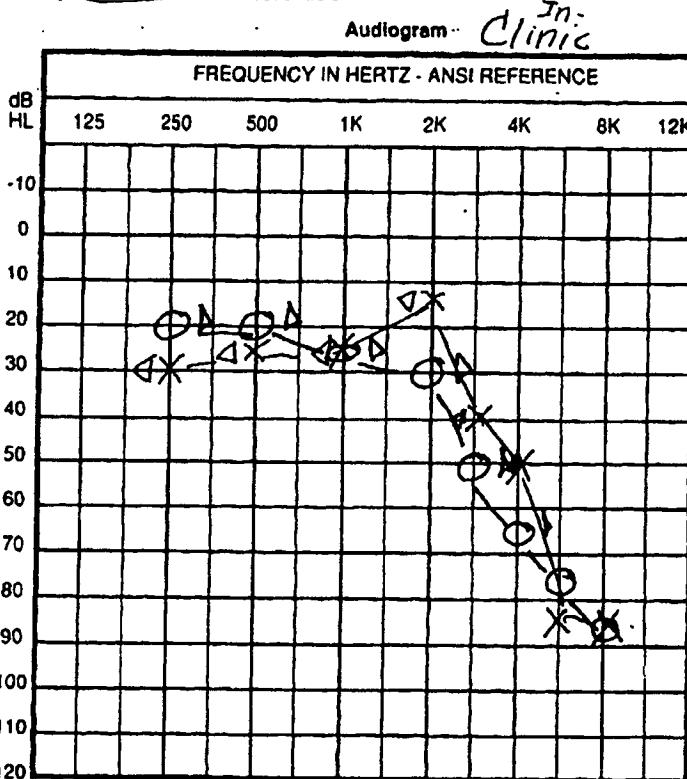
REVERSE SIDE OF THIS FORM AND RET. IT TO AUDIOLOGIST

6164.56

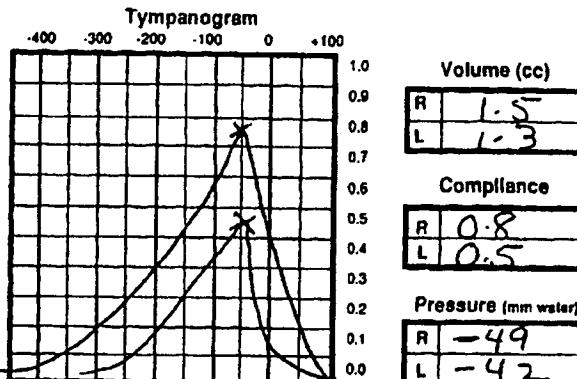
0.90

**CHARLOTTE-MECKLENBURG SCHOOLS AUDIOLOGICAL EVALUATION**  
**Program for the Hearing Impaired/Hearing Conservation Program**

Name: Kassoul Chanthakummane ID #: 0024730 Date of Test: 1/24/91  
 School: Troy Hills Grade: 4 Teacher: Lesesne DOB: 10/1/80  
 Parents/Guardian: Komonth + Phone Chanthakummane Phone (H): 334-3473 (W): 339-9409  
 Address: 2530 Fort Street City: Charlotte Zip:   
 Sex:  M Race: W B  Other: \_\_\_\_\_ Referred by: L. Lisecki - Davis

Parent Permission:  Screening: \_\_\_\_\_ Known Case: \_\_\_\_\_Reliability:  Good Fair Poor InconsistentValidity:  Acceptable Questionable

	SAT/SRT	SD	@dB	SD Noise	@dB	S/N
Right	10	88 %	50	80 %	60	+5
Left	5	96 %	45	85 %	60	+5
Field		%		%		
Aided		%		%		
FM		%		%		

List  Live  Tape multitalker  
 HA R L

R	1.5
L	1.3

R	0.8
L	0.5

R	-49
L	-47

Tymp Type: A/AR: A L: A

Tubes: \_\_\_\_\_

R: \_\_\_\_\_ L: \_\_\_\_\_

Acoustic Reflexes (Ipsi Contra)

500 1K 2K 4K

	R	500	1K	2K	4K
R	90	90	95		
L	90	45	45		

Certification: 1 FMOtoscopic: left Tm sealComments: Initial period with amplification is indicatedRecommendations:  Annual  Retest  Medical  Referral  HAE

HA Repair Earmolds Certification

Results: R: Conductive  Sensorineural  Mixed  Normal  MildL: Conductive  Sensorineural  Mixed  Normal  MildModerate <sup>+/-</sup> Severe  Profound  ProfoundFlat  Slope  Stable  Flat / Slope  Stable

Mark Sloan - Clermont, MS, CCC-A  
 Audiologist

## Legend

	AIR	Masked	Bone	Masked
RIGHT	0	Δ	<	1
LEFT	X	□	>	1
Soundfield	Air	HA	FM	
	S	A	T	

CNT - Couldn't Test

DNT - Didn't Test

↓/NR - No Response

\*PHYSICIAN, PLEASE FILL OUT SUMMARY ON REVERSE SIDE

WHITE: CUMULATIVE

YELLOW: PARENT

PINK: NURSE

000092

CHARLOTTE-MECKLENBURG SCHOOLS  
AUDIOLOGY  
700 E. 2nd STREET  
CHARLOTTE, NC 28202  
343-5455

NAME: Chanthakoummane, Kousoul I.D. #0024730  
DATE OF TESTING: 1/24/91 SCHOOL: Tryon Hills  
BACKGROUND INFORMATION

Kousoul Chanthakoummane was seen for testing at the CMS Audiology Clinic after being referred for an updated evaluation of his hearing. He has a history of a reported high-frequency hearing loss, which was first identified March 19, 1986. Etiology is not documented.

#### TEST RESULTS

#### (SEE ATTACHED AUDIogram)

Audiological evaluation substantiates a stable sensori-neural hearing loss bilaterally, with responses in the normal-to-mild range from 250 to 2,000 HZ, which steeply slope downward to become a moderate-to-severe loss in the high frequencies. Speech discrimination scores in quiet were 88% in the right ear and 96% in the left ear. Speech discrimination at a +5 dB signal-to-noise ratio with linguistic competing message was 80% in the right ear and 85% in the left ear.

These results would indicate that he could have difficulty hearing adequately in a classroom or in any situation in which there is competing noise.

#### RECOMMENDATIONS

- Observation by the itinerant teacher of the hearing impaired to determine whether he should be certified hearing impaired.
- Explore amplification alternatives.
- Annual Audiological evaluations.
- Continue the classroom interventions documented in his file.

Marti Sloan-Clontz, MS, CCC-A  
Marti Sloan-Clontz, MS, CCC-A  
Audiologist

1991-1992 25

Troyon Hills

Teach-Kelly Smith

had received hearing aids for both ears

Charlotte-Mecklenburg  
Local School Administrative Unit

DEC/Due Process  
12/91

## INVITATION TO CONFERENCE/PRIOR NOTICE

### Check Purpose

<input type="checkbox"/> Initial Placement	<input type="checkbox"/> Change in Placement
<input type="checkbox"/> Review	<input type="checkbox"/> Exit from Program
<input type="checkbox"/> Reevaluation	<input type="checkbox"/> Other:

Dear Phong Chanthakoummane :

Date Sent 1/21/92

Re: John Chanthakoummane (Student's Name)

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss John's special needs.

At this meeting, we would like to discuss one or more of the following:

- Ways to meet the educational needs of your child
- Evaluation results
- Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or Written Education Program (WEP).
- Change in placement
- Educational Setting
- Identification

The following people will be involved with the meeting:

Name	Position
<u>Lu Ann Ligetski</u>	<u>Speech</u>
<u>Kelly Smith</u>	<u>Teacher</u>
<u>Mark Robertson</u>	<u>AP</u>

Name	Position
_____	_____
_____	_____
_____	_____

The meeting is scheduled for (date) February 6, at (time) 2:45 pm, (place) Tryon Hills. If this time is inconvenient, I will be happy to reschedule the meeting. Please call (phone) 343-5510.

Sincerely,

Mark Robertson

School-Based Committee Chairperson

Tryon Hills  
School

### PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- I will be present for the Conference.
- I cannot meet at this time, I will contact the school in order to arrange another time.
- I cannot meet at this time. Please contact me to arrange another time.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\* PLEASE RETURN THIS FORM TO THE SCHOOL \*\*\*

2nd Notice 1/1/92 (Date) Type of Notice Letter

(Date Received: 1/1/)

3rd Notice 1/1 (Date) Type of Notice \_\_\_\_\_

000095

\*Note: Retain a copy in child's folder.

254

Charlotte-Mecklenburg  
Local School Administrative UnitDEC/Due Process  
12/91

## INVITATION TO CONFERENCE/PRIOR NOTICE

Check Purpose

<input type="checkbox"/> Initial Placement	<input type="checkbox"/> Change in Placement
<input checked="" type="checkbox"/> Review	<input type="checkbox"/> Exit from Program
<input type="checkbox"/> Reevaluation	<input type="checkbox"/> Other:

Dear Phong Chanthakoummane:Date Sent 2/6/92Re: John Chanthakoummane (Student's Name)

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss John's special needs.

At this meeting, we would like to discuss one or more of the following:

- Ways to meet the educational needs of your child
- Evaluation results
- Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or Written Education Program (WEP).
- Change in placement
  - Educational Setting
  - Identification

The following people will be involved with the meeting:

Name	Position
Lu Ann Bieski	SLP
Mark Robertson	AP
Kelly Smith	teacher

Name	Position

The meeting is scheduled for (date) 2-20-92, at (time) 2:45 pm, (place) Tryon Hills. If this time is inconvenient, I will be happy to reschedule the meeting. Please call (phone) 343-5510.

Sincerely,

Mark Robertson  
School-Based Committee Chairperson  
Tryon Hills  
School

## PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- I will be present for the Conference.
- I cannot meet at this time, I will contact the school in order to arrange another time.
- I cannot meet at this time. Please contact me to arrange another time.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\* PLEASE RETURN THIS FORM TO THE SCHOOL \*\*\*

2nd Notice 1/1/92 (Date) Type of Notice letter(Date Received: 1/1/92)3rd Notice 2/1/92 (Date) Type of Notice letter

\*Note: Retain a copy in child's folder.

White: EC Folder Yellow: Teacher Pink: Parent

*No reply form called said*  
*for John father could it be 000996 255*

CHARLOTTE-MECKLENBURG  
Local School Administrative UnitDEC 5/HCA  
11/91  
(Part 2)

## INDIVIDUALIZED EDUCATION PROGRAM/SERVICE DELIVERY PLAN

(To be completed after the IEP is developed)

Student: Kieran Chanthavummane  
School: Irvin HillsCheck Purpose:  
 Initial Entry       Change in Placement  
 Annual Review       Reevaluation  
 Other: \_\_\_\_\_

I. AREA OF IDENTIFICATION (ELIGIBILITY) (mark only primary condition)\*

- Academically Gifted
- Autistic
- Behaviorally-Emotionally Handicapped
- Deaf-Blind
- Hearing Impaired
- Mentally Handicapped
- EMH    S/PMH    TMH
- Multihandicapped
- Orthopedically Impaired

II. RELATED SERVICES

- Audiology
- Counseling Services
- Occupational Therapy
- Physical Therapy
- Speech-Language
- Transportation
- Other: Hearing Impaired

None

\*Child meets the eligibility criteria of the State Board of Education and is in need of special education.

## III. LEAST RESTRICTIVE ENVIRONMENT (PLACEMENT)

## A. Amount of Time in Exceptional Education:

Type of Service	Sessions Per Wk./Mo./Yr.	Min. Per Session	Hours Per Wk.
Consultation	<u>10x per year</u>	<u>30</u>	
Direct Special Education			
Related Services			
<u>Audiology</u>	<u>1x per year</u>		
<u>Speech Language</u>	<u>2x per wk.</u>	<u>25</u>	<u>5/6 hr</u>

## B. Continuum of Services: Check the services considered by the committee, and circle the decision reached. Give reason(s) for options rejected and the decision reached. A continuum of services must be considered.

- Regular - Less than 21% of day (up to 1 hr., 15 min.)
- Resource - 21% - 60% of day (1 hr. 15 min. to 3 hrs. 30 min.)
- Separate - 61% or more of day (more than 3 hrs. 30 min.)
- Public Separate School - 100%

- Private Separate School - 100%
- Public Residential - 100%
- Private Residential - 100%
- Home/Hospital - 100%

## Preschool

- Regular\* - Up to 6 hours per week
- Resource\* - 6 to 18 hours per week
- Separate\* - more than 18 hours per week
- Public Separate School - 100%

- Private Separate School - 100%
- Public Residential - 100%
- Private Residential - 100%
- Home/Hospital - 100%
- Home/Family - minimum 1 hour per week

\*Applicable only in a classroom setting

## Agency: Check where the student is receiving special services.

- 1. LEA/School in Attendance Area
- 2. LEA/School Not in Attendance Area
- 3. Another LEA
- 4. Other \_\_\_\_\_

Reason(s) for options rejected Kieran's hearing impairment continues to cause him difficulty in the class. He does not require a more restrictive setting.

Reason(s) for decision reached Kieran needs to continue receiving services as Math is an area of weakness and language is delayed.

250

CHARLOTTE-MECKLENBURG  
Local School Administrative Unit

DEC 5/HCA

11/91

(Part 2 continued)

**C. Regular Program Participation:** Circle the regular class(es) in which the student is enrolled and list the letter(s) for any modification(s) in the blank provided.

b,k Reading  
b,k English  
b,k Math  
b,k Health  
b,k Writing  
History  
b,k Science

b,k Language Arts  
b,k Spelling  
b,k Social Studies  
Economics  
Physical Education  
Music/AR  
Vocational

Library  
Chapter I  
Homeroom  
Lunch  
Assemblies  
Recess  
Other

For. Lang  
Remediation

**Appropriate Classroom Modification(s), if any:**

a. Grading	h. Audio Tapes
b. Peer Tutoring	i. Tape Recorder
c. Oral Test	j. Interpreter
d. Abbreviated Assignments	k. Auditory Trainer
e. Alternative Materials	l. Assistive Devices
f. Extended Test Time (Tchr. Test)	m. Computer/Typewriter/Word Processor
g. Large Print Books	n. Other

For preschool children describe how the child is involved in a regular program: \_\_\_\_\_

**IV. INDICATE VOCATIONAL SERVICES TO STUDENTS 14 YEARS AND OLDER:<sup>\*</sup>**

\*Vocational evaluation is needed? [ ] Yes  No

V. TRANSITION PLAN IN EFFECT FOR STUDENTS 16 YEARS AND OLDER? [ ] Yes  No

VI. N.C. TESTING PROGRAM: Modifications Needed [ ] Yes (See part III on back)  No

VII. IS ADAPTED PHYSICAL EDUCATION REQUIRED? [ ] Yes  No

VIII. IEP COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the IEP:

Signatures	Position	Date
<i>LM</i>	LEA Representative	2/25/92
<i>Kelly Smith</i>	Student's Teacher	2/20/92
	Parent	
<i>Laura Davis-Lusinski</i>	EC Teacher	2-20-92

IX. IEP ADDENDUM COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the addendum:

Signatures	Position	Date
	LEA Representative	
	Student's Teacher	
	Parent	
	EC Teacher	000098

CHARLOTTE-MECKLENBURG  
Local School Administrative UnitDEC 5/1991  
(Part 1)  
11/91  
000099  
258

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student <u>Kousoul Chanthakoumane</u>		B. Date of Beginning and Duration of Special Education and Related Services	
Grade <u>5</u>	School <u>Taynt Hills</u>	From: <u>2</u>	20
		(month)	98
		To: <u>5</u>	28
		(month)	92
		(day)	(year)
A. Present Level(s) of Performance (Summarize evaluation results including strengths and needs or behavioral weaknesses):			
<p>Known "John" exhibits a moderate speech - C. visual impairment when hearing. Communication is poor. John continues to be difficult in academic areas, even though he appears to be capable of functioning with some normal speech. John's language skills appear mixed. To moderate.</p>			
C. Annual Goal(s) John uses sign language intervention and collaboration with classroom teacher will measure reception of auditory materials in class.		B. Date of Beginning and Duration of Special Education and Related Services	
Short-Term Instructional Objectives in Measurable Terms		Evaluation Procedures (How)	
<p>John will improve the ratio to more ratio in class by using some of the following strategies: 1 - wearing functioning hearing aids. 2 - avoid setting near noise. 3 - hearing himself measured the speech.</p>		<p>Teacher report</p>	
		Evaluation Schedule (When)	
		Date Attained (must be completed for each objective)	
		<p>February April May</p>	

\*There must be short-term instructional objectives for each annual goal(s).

Use one sheet for each annual goal.

White: Cumulative Folder

Yellow: Teacher

Pink: Parent

Charlotte-Mecklenburg  
Local School Administrative Unit

DEC/Due Process  
12/91

## INVITATION TO CONFERENCE/PRIOR NOTICE

Check Purpose

<input type="checkbox"/> Initial Placement	<input type="checkbox"/> Change in Placement
<input checked="" type="checkbox"/> Review	<input type="checkbox"/> Exit from Program
<input type="checkbox"/> Reevaluation	<input type="checkbox"/> Other:

Dear Pheng Chanthakoummane :

Date Sent 1/7/92

Re: John Chanthakoummane (Student's Name)

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss John's special needs.

At this meeting, we would like to discuss one or more of the following:

- Ways to meet the educational needs of your child
- Evaluation results
- Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or Written Education Program (WEP).
- Change in placement
  - Educational Setting
  - Identification

The following people will be involved with the meeting:

Name	Position
<u>Ludan Lisecki</u>	<u>Speech</u>
<u>Kelly Smith</u>	<u>teacher</u>
<u>Mark Robertson</u>	<u>AP</u>

Name	Position
_____	_____
_____	_____
_____	_____

The meeting is scheduled for (date) January 21, at (time) 7:45 am, (place) Tryon Hills. If this time is inconvenient, I will be happy to reschedule the meeting. Please call (phone) 343-5511.

Sincerely,  
Mark Robertson  
 School-Based Committee Chairperson  
Tryon Hills  
 School

### PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- I will be present for the Conference.
- I cannot meet at this time, I will contact the school in order to arrange another time.
- I cannot meet at this time. Please contact me to arrange another time.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\* PLEASE RETURN THIS FORM TO THE SCHOOL \*\*\*

(Date Received: 1/1/)

2nd Notice 1/1 (Date) Type of Notice \_\_\_\_\_

000100

3rd Notice 1/1 (Date) Type of Notice \_\_\_\_\_

259

\*Note: Retain a copy in child's folder.

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Kensoul (John) Chenthakommane B. Date of Beginning and Duration of Special Education and Related ServicesGrade 5<sup>th</sup> School Tyson Hills Elementary From: 5 (month) 29 (day) 92 (year)

A. Present Level(s) of Performance  
(Summarize evaluation results including strengths and needs or behavioral weaknesses):

Mild bilateral sensori-neural hearing loss in high frequencies

C. Annual Goal(s) with appropriate and functional amplification (John) will develop passing course skills through consultation and collaboration by the Teacher of the Hearing Impaired, Audiologist and Speech/Language Clinician.

D.	Short-Term Instructional Objectives in Measurable Terms	Evaluation Procedures (How)	Evaluation Schedule (When)	Date Attained (must be completed for each objective)
	<u>Kensoul (John) will</u> 1) wear appropriate and functional amplification 2) have an annual audiological evaluation & cognitive testing 3) pass grade level courses with a. HI teacher assistance in individualization of curriculum as needed b. HI teacher instruction in strategies for HI students in regular classes.	<u>Teacher observation</u> <u>School audiologist</u> <u>test + SSS 4<sup>th</sup> year</u> <u>quarterly report</u> <u>and</u> <u>HI teacher assistance in individualization of curriculum as needed</u> <u>HI teacher instruction in strategies for HI students in regular classes.</u>	<u>Nov. Jan. Mar.</u> <u>Nov.</u> <u>Nov.</u> <u>Nov. Jan. Mar.</u>	<u>6-4-93</u> <u>6-4-93</u> <u>10-13-92</u> <u>6-4-93</u>

There must be short-term instructional objectives for each annual goal(s).

Use one sheet for each annual goal.

White: Cumulative Folder

Yellow: Teacher

Pink: Parent

# CHARLOTTE-MECKLENBURG Local School Administrative Unit

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student Information		B. Date of Beginning and Duration of Special Education and Related Services		
Grade 5	School Tryon Hills	From: 5	29	92
		(month)	(day)	(year)
A. Present Level(s) of Performance (Summarize evaluation results including strengths and needs or behavioral weaknesses):		<p>"John" exhibits a mild to moderate hearing impairment with <del>impairment</del> when hearing such as when <del>education</del> listening. <del>has indicated</del> ability to function at grade level. John continues to have difficulty in classroom academics.</p> <p>John will improve the <del>sign</del> noise rate in classroom by using the following strategies:</p> <ol style="list-style-type: none"> <li>- seat himself near teacher/speaker.</li> <li>- avoid noisy seating areas.</li> <li>- wear <del>functional</del> hearing aid.</li> <li>- <del>reinforce</del> instructions via buddy system. Buddy to be assigned by teacher.</li> </ol> <p>John will improve his <del>concentrate</del> ability by using visual cues/field of view.</p> <ol style="list-style-type: none"> <li>- watch teacher's face</li> <li>- sit in clear line of vision.</li> </ol> <p><small>3 - annual assessment conducted by teacher and parent. The must be short term instructional objectives for each annual goal(s). Use one sheet for each annual goal.</small></p>		
B. Short-Term Instructional Objectives in Measurable Terms		Evaluation Procedures (How)	Evaluation Schedule (When)	Date Attained (must be completed for each objective)
			Sept. 92 Oct. 92 End of IEP year 6/93 Nov. 92	
			Dec. 92 Feb. 93	

## INVITATION TO CONFERENCE/PRIOR NOTICE

## Check Purpose

<input type="checkbox"/> Initial Placement	<input type="checkbox"/> Change in Placement
<input checked="" type="checkbox"/> Review	<input type="checkbox"/> Exit from Program
<input type="checkbox"/> Reevaluation	<input type="checkbox"/> Other:

Dear Phong Chanthakoummane:Date Sent 5/22/92Re: Kousav "John" Chanthakoummane (Student's Name)For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss John's special needs.

At this meeting, we would like to discuss one or more of the following:

- Ways to meet the educational needs of your child
- Evaluation results
- Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or Written Education Program (WEP).
- Change in placement
  - Educational Setting
  - Identification

The following people will be involved with the meeting:

Name	Position	Name	Position
<u>Julie Davis-Russek</u>	<u>SLP</u>		
<u>Judy Lester</u>	<u>CIS</u>		
<u>Kelly Smith</u>	<u>teacher</u>		
<u>Quinla Curr</u>	<u>CC Resource</u>		

The meeting is scheduled for (date) May 29, at (time) anytime 8<sup>30</sup>-2<sup>45</sup>, (place) Irvin Hills. If this time is inconvenient, I will be happy to reschedule the meeting. Please call (phone) 343-5510.

Sincerely,

Mark Robertson  
School-Based Committee Chairperson  
Irvin Hills  
Sched

\*\*\*\*\*  
PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- I will be present for the Conference.
- I cannot meet at this time, I will contact the school in order to arrange another time.
- I cannot meet at this time. Please contact me to arrange another time.

Parent/Guardian Signature Phong Chanthakoummane  
Date 5-29-92

\*\*\* PLEASE RETURN THIS FORM TO THE SCHOOL \*\*\*

(Date Received: 5/29/92)2nd Notice 1/1 (Date) Type of Notice \_\_\_\_\_3rd Notice 1/1 (Date) Type of Notice \_\_\_\_\_

\*Note: Retain a copy in child's folder.

000103

White: EC Folder Yellow: Teacher Pink: Parent

CHARLOTTE-MECKLENBURG  
Local School Administrative UnitDEC 5/HCA  
11/91  
(Part 2)

## INDIVIDUALIZED EDUCATION PROGRAM/SERVICE DELIVERY PLAN

(To be completed after the IEP is developed)

Student: Kousoul Chanthakoummane 'John'  
School: Irvin HillsCheck Purpose:  
 Initial Entry       Change in Placement  
 Annual Review       Other: \_\_\_\_\_  
 Reevaluation

I. AREA OF IDENTIFICATION (ELIGIBILITY) (mark only primary condition)\*

<input type="checkbox"/> Academically Gifted	<input type="checkbox"/> Other Health Impaired
<input type="checkbox"/> Autistic	<input type="checkbox"/> Specific Learning Disabled
<input type="checkbox"/> Behaviorally-Emotionally Handicapped	<input type="checkbox"/> Speech-Language Impaired
<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Traumatic Brain Injured
<input checked="" type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Mentally Handicapped	
<input type="checkbox"/> EMH <input type="checkbox"/> S/PMH <input type="checkbox"/> TMH	
<input type="checkbox"/> Multihandicapped	
<input type="checkbox"/> Orthopedically Impaired	

## II. RELATED SERVICES

<input type="checkbox"/> Audiology
<input type="checkbox"/> Counseling Services
<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Physical Therapy
<input checked="" type="checkbox"/> Speech-Language
<input type="checkbox"/> Transportation
<input type="checkbox"/> Other: _____

 None

\*Child meets the eligibility criteria of the State Board of Education and is in need of special education.

## III. LEAST RESTRICTIVE ENVIRONMENT (PLACEMENT)

## A. Amount of Time in Exceptional Education:

Type of Service	Sessions Per Wk./Mo./Yr.	Min. Per Session	Hours Per Wk.
Consultation	2x per year	30 min	_____
Direct Special Education	_____	_____	_____
Related Services	_____	_____	_____
<u>Speech Language</u>	2x per wk	25	5/6 hr
_____	_____	_____	_____
_____	_____	_____	_____

## B. Continuum of Services: Check the services considered by the committee, and circle the decision reached. Give reason(s) for options rejected and the decision reached. A continuum of services must be considered.

<input type="checkbox"/> Regular - Less than 21% of day (up to 1 hr., 15 min.)	<input type="checkbox"/> Private Separate School - 100%
<input checked="" type="checkbox"/> Resource - 21% - 60% of day (1 hr. 15 min. to 3 hrs. 30 min.)	<input type="checkbox"/> Public Residential - 100%
<input type="checkbox"/> Separate - 61% or more of day (more than 3 hrs. 30 min.)	<input type="checkbox"/> Private Residential - 100%
<input type="checkbox"/> Public Separate School - 100%	<input type="checkbox"/> Home/Hospital - 100%

## Preschool

<input type="checkbox"/> Regular* - Up to 6 hours per week	<input type="checkbox"/> Private Separate School - 100%
<input type="checkbox"/> Resource* - 6 to 18 hours per week	<input type="checkbox"/> Public Residential - 100%
<input type="checkbox"/> Separate* - more than 18 hours per week	<input type="checkbox"/> Private Residential - 100%
<input type="checkbox"/> Public Separate School - 100%	<input type="checkbox"/> Home/Hospital - 100%
	<input type="checkbox"/> Home/Family - minimum 1 hour per week

\*Applicable only in a classroom setting

Agency: Check where the student is receiving special services.

<input checked="" type="checkbox"/> 1. LEA/School in Attendance Area	<input type="checkbox"/> 3. Another LEA
<input type="checkbox"/> 2. LEA/School Not in Attendance Area	<input type="checkbox"/> 4. Other _____

Reason(s) for options rejected John's hearing impairment continues to be a problem in the classroom. He doesn't require a more restrictive placement.Reason(s) for decision reached John needs to continue in direct services as Math is an area of weakness and language continues to be difficult. 000104

CHARLOTTE-MECKLENBURG  
Local School Administrative UnitDEC 5/HCA  
11/01

(Part 2 continued)

**C. Regular Program Participation:** Circle the regular class(es) in which the student is enrolled and list the letter(s) for any modification(s) in the blank provided:

b,k Reading  
b,k English  
b,k Math  
b,k Health  
b,k Writing  
\_\_\_\_\_ History  
b,k Science

b,k Language Arts  
b,k Spelling  
b,k Social Studies  
\_\_\_\_\_ Economics  
k Physical Education  
k Music/Art  
\_\_\_\_\_ Vocational

k Library  
\_\_\_\_\_ Chapter I  
\_\_\_\_\_ Homeroom  
k Lunch  
k Assemblies  
k Recess  
\_\_\_\_\_ Other

For. Lang  
Remediation

**Appropriate Classroom Modification(s), if any:**

a. Grading	h. Audio Tapes
b. Peer Tutoring	i. Tape Recorder
c. Oral Test	j. Interpreter
d. Abbreviated Assignments	k. Auditory Trainer
e. Alternative Materials	l. Assistive Devices
f. Extended Test Time (Tchr., Test)	m. Computer/Typewriter/Word Processor
g. Large Print Books	n. Other

For preschool children describe how the child is involved in a regular program: \_\_\_\_\_

**IV. INDICATE VOCATIONAL SERVICES TO STUDENTS 14 YEARS AND OLDER:**

N/A

\*Vocational evaluation is needed? [ ] Yes, [x] No

**V. TRANSITION PLAN IN EFFECT FOR STUDENTS 16 YEARS AND OLDER?** [ ] Yes, [x] No

**VI. N.C. TESTING PROGRAM: Modifications Needed** [ ] Yes (See part III on back) [x] No

**VII. IS ADAPTED PHYSICAL EDUCATION REQUIRED?** [ ] Yes, [x] No

**VIII. IEP COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE**

The following were present and participated in the development and writing of the IEP:

Signatures	Position	Date
<i>Suzanne D. Esure</i>	LEA Representative	5-29-92
<i>Phoebe Chapman</i>	Student's Teacher	5-29-92
<i>Jeff Smith</i>	Parent	5-29-92
<i>Julia Davis-Rieke SLP</i>	EC Teacher	5-29-92

**IX. IEP ADDENDUM COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE**

The following were present and participated in the development and writing of the addendum:

Signatures	Position	Date
	LEA Representative	
	Student's Teacher	
	Parent	
	EC Teacher	

6105.10  
9/89

## STUDENT SERVICES SUMMARY

STUDENT'S NAME John Chanthakoummane SEX M RACE A  
 GRADE 5 TEACHER K. Smith  
 SCHOOL Jrvm Hll. SCHOOL YEAR 1991-92  
 SEMESTER 1 OR 2

## NATURE OF CONCERNS:

ACADEMIC  
 ATTENDANCE  
 BEHAVIOR

PERSONAL  
 OTHER

PRIMARY SERVICES PROVIDED AND DATES OF CONTACT:  
(Please Check)

INDIVIDUAL COUNSELING \_\_\_\_\_  
 GROUP COUNSELING \_\_\_\_\_  
 TEACHER CONSULTATION \_\_\_\_\_  
 PARENT CONSULTATION \_\_\_\_\_  
 AGENCY CONSULTATION \_\_\_\_\_  
 BEHAVIOR MANAGEMENT \_\_\_\_\_  
 OTHER (Please Specify) \_\_\_\_\_

## PLEASE INDICATE MOST EFFECTIVE STRATEGY OR TECHNIQUE USED:

John has just received hearing aids for both ears. The JSC recommended individual Consulting to help him adjust and deal with issues around the area. There are also some family concerns.

## DISPOSITION:

ON-GOING  
 CLOSED  
 REFERRED TO CMS PROGRAM  
 REFERRED TO OUTSIDE AGENCY  
 STUDENT SERVICES FOLLOW-UP RECOMMENDED

Judy Glavin

SERVICE PROVIDER

2-3-92  
DATE

White: Cumulative Folder  
 Yellow: Specialist for Area Student Services  
 Pink: Service Provider

000106

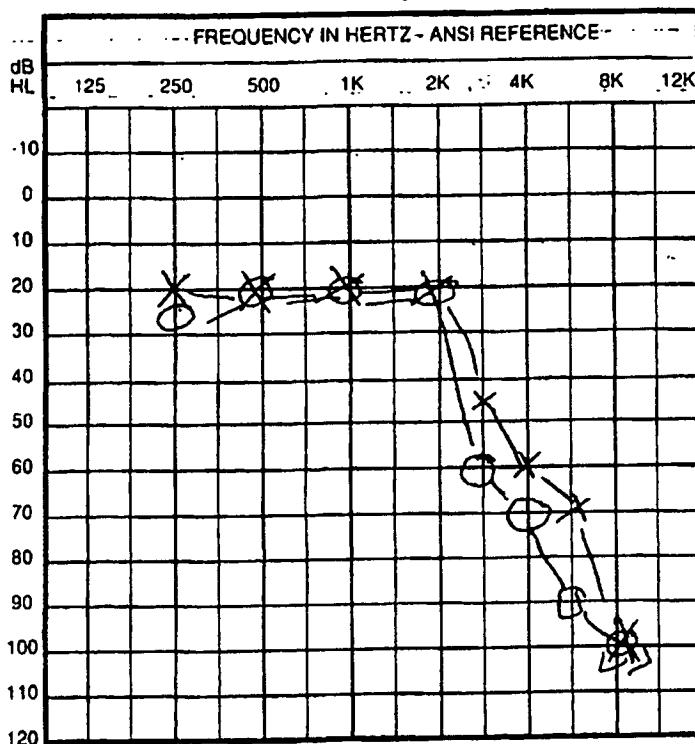
265

FOR MEDICAL REFERRALS PLEASE HAVE PHYSICIAN FILL OUT REVERSE SIDE OF THIS FORM AND RETURN TO AUDIOLOGIST

6164.56

C/00

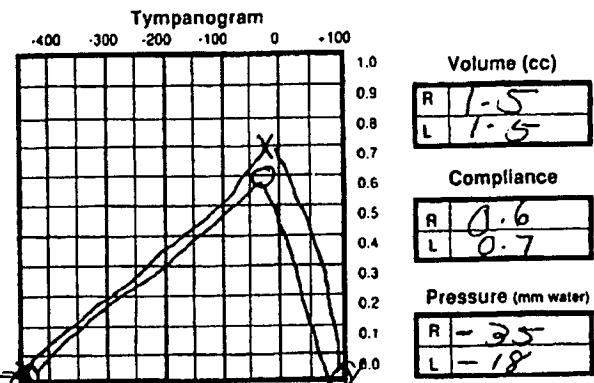
**CHARLOTTE-MECKLENBURG SCHOOLS AUDIOLOGICAL EVALUATION**  
**Program for the Hearing Impaired/Hearing Conservation Program**

Name: Chanthia Kommane, Kasoul "John" ID #: 0024730 Date of Test: 5-20-92School: Tryon Hills Grade: 5 Teacher: \_\_\_\_\_ DOB: 10/11/80Parents/Guardian: Kommane & Phongsavout Phone (H): 393-5366 (W): \_\_\_\_\_Address: 2520 Fort Street City: Ch Zip: 28205Sex:  M Race: W B  Other: \_\_\_\_\_ Referred by: \_\_\_\_\_Parent Permission: \_\_\_\_\_ Screening: \_\_\_\_\_ Known Case: Reliability:  Good Fair Poor InconsistentValidity:  Acceptable Questionable**Speech Audiometry****Audiogram**

	SAT/SRT	SD	@dB	SD Noise	@dB	S/N
Right		%		%		
Left		%		%		
Field	<u>84</u>	%		%		
Aided	<u>92</u>	%		%		
FM		%		%		

List \_\_\_\_\_ Live \_\_\_\_\_ Tape \_\_\_\_\_

HA \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_

Otoscopic: Some red and swollen. Some effusion.Comments: Starkey I TES (B) set on 2

Acoustic Reflexes (Ipsi Contra)			
	500	1K	2K
R:			
L:			

Recommendations:  Annual  Retest Medical Referral HAE HA Repair Earmolds Certification FM

Results:	R: Conductive	Sensorineural	Mixed	Normal	Mild	Moderate	Severe	Profound	Flat / Slope	Stable
	L: Conductive	Sensorineural	Mixed	Normal	Mild	Moderate	Severe	Profound	Flat / Slope	Stable

*Mark Sloan - 10/11/80, MS, CCR-A*

Audiologist: \_\_\_\_\_

**Legend**

	AIR	Masked	Bone	Masked
RIGHT	0	Δ	<	1
LEFT	X	□	>	1
Soundfield	Air	HA	FM	
	S	A	T	

CNT - Couldn't Test  
DNT - Didn't Test  
NR - No Response

\*PHYSICIAN, PLEASE FILL OUT SUMMARY ON REVERSE SIDE

WHITE: CUMULATIVE    YELLOW: PARENT    PINK: NURSE

000107

**Hearing Impaired Student Checklist**  
**Exceptional Children**  
**Charlotte-Mecklenburg Schools**

1/92  
6164.95

**INITIAL EVALUATION: REQUIRED COMPONENTS**

Exceptional Children Referral  
 Prior Notice & Parent/Guardian  
 Consent for Evaluation  
 Due Process Parent Handbook  
 Vision Screening  
 Audiological  
 Otological (Physician's Report)  
 Education Evaluation  
 Speech/Language Evaluation  
 Summary of Evaluation Results  
 Invitation to Conference  
 Individualized Education Program  
 Recommendation/Approval for Placement  
 Prior Notice/Consent for Initial Placement  
 Exceptional Children Database Update

DEC 1 \_\_\_\_\_  
 DEC 2 \_\_\_\_\_  
 No Number \_\_\_\_\_  
 6164.12 \_\_\_\_\_  
 6164.56 \_\_\_\_\_  
 6164.41 \_\_\_\_\_  
 6164.62 \_\_\_\_\_  
 DEC 3 \_\_\_\_\_  
 No Number \_\_\_\_\_  
 DEC 5 \_\_\_\_\_  
 DEC 6 \_\_\_\_\_  
 DEC 7 \_\_\_\_\_  
 6164.99 \_\_\_\_\_

**REEVALUATION: REQUIRED COMPONENTS**

Exceptional Children Referral  
 Prior Notice & Parent/Guardian  
 Consent for Evaluation  
 Prior Notice for Reevaluation  
 Due Process Parent Handbook  
 Speech/Language Screening  
 Vision Screening  
 Audiological Evaluation  
 Otological (When Appropriate Physician's Report)  
 Educational Evaluation  
 Summary of Evaluation Results  
 Invitation to Conference  
 Individualized Education Program  
 Recommendation/Approval for Placement  
 Prior Notice/Consent  
 for Initial Placement  
 Exceptional Children Database Update

DEC 1 \_\_\_\_\_  
 Copy of Orig. 10-6-87 (sm)  
 DEC 8 \_\_\_\_\_  
 No Number \_\_\_\_\_  
 6164.60 \_\_\_\_\_  
 6164.12 \_\_\_\_\_  
 6164.56 10-13-92  
 5-30-91 Kenneth W. Compton  
 6164.41 4-21-93  
 DEC 3 5-26-93  
 No Number 5-18-93  
 DEC 5 5-26-93  
 DEC 6 \_\_\_\_\_  
 Copy of Orig. 2-20-91  
 6164.99 \_\_\_\_\_

1992-93 6<sup>th</sup> : Tegan Hills Crystal Tuck  
Shamrock- Summer  
2530 Fort St.

Psychological

Counseling Youth Services Bureau -  
Todd Dorsay  
Guidance?

DEO 1

12/91

Charlotte-Mecklenburg

Local School Administrative Unit

**Exceptional Children Referral**Student: Kousoul Chartha KoummoneSchool Tryan HillsSex: M Race: 6 Grade: 6Parent/Guardian Koumou & PhongsaouatDate of Birth: 10-1-80 Age: 12Address: 253d Fort St.I.D.# Optional: 0024730Telephone: 393-5366**I. REASONS FOR REFERRAL:** Check each reason for referring this student.

1. <input type="checkbox"/> outstanding academic performance	7. <input type="checkbox"/> speech/language problems
2. <input type="checkbox"/> deficient in learning skills	8. <input type="checkbox"/> hearing problems
3. <input type="checkbox"/> low academic performance	9. <input type="checkbox"/> physical problems
4. <input type="checkbox"/> behavioral-emotional problems	10. <input type="checkbox"/> RE 1/RE 2 attached/Pre Referral
5. <input type="checkbox"/> outstanding academic potential	11. <input type="checkbox"/> Parent Referral
6. <input type="checkbox"/> visual problems	12. <input checked="" type="checkbox"/> Other: <u>Re-Eval.</u>

**II. DESCRIPTION OF REFERRED STUDENT:** Check each statement which describes the student.**POSITIVE BEHAVIORS/STRENGTHS**

## Academics/Behavior

## Communication Skills

<input type="checkbox"/> Works well independently	<input type="checkbox"/> Skilled in divergent thinking	<input type="checkbox"/> Proficient in verbal skills
<input checked="" type="checkbox"/> Creative	<input type="checkbox"/> Accepts suggestions	<input type="checkbox"/> Proficient in language mechanics
<input type="checkbox"/> Displays leadership ability	<input type="checkbox"/> Appears self-confident	<input type="checkbox"/> Effective group participant
<input type="checkbox"/> Curious	<input type="checkbox"/> Concentrates for long periods	<input type="checkbox"/> Writes in concise & clear style
<input checked="" type="checkbox"/> Reads at or above grade level	<input type="checkbox"/> Mathematics at or above grade level	<input type="checkbox"/> Communicates well in groups
<input type="checkbox"/> Attentive	<input type="checkbox"/> Frequently contributes to class	<input type="checkbox"/> Expresses thoughts well
<input type="checkbox"/> Follows instructions easily	<input type="checkbox"/> Achieves at or above grade level	<input type="checkbox"/> Articulation above age level
<input checked="" type="checkbox"/> Cooperative	<input type="checkbox"/> in other content areas	<input type="checkbox"/> Speech flows smoothly
<input checked="" type="checkbox"/> Attention to exactness & detail	<input type="checkbox"/> Popular with classmates	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Shows good sportsmanship	<input type="checkbox"/> Happy, easy-going	_____
<input type="checkbox"/> Interested	<input type="checkbox"/> Exceptional ability to recall facts	_____
<input type="checkbox"/> Highly competent in vocabulary usage	<input type="checkbox"/> Receives majority marks of A & B	_____
<input type="checkbox"/> Completes tasks assigned	<input checked="" type="checkbox"/> Courteous	_____
<input type="checkbox"/> Keen insight in problem solving	<input type="checkbox"/> Does assignments promptly	_____
	<input type="checkbox"/> Other (specify): _____	_____

**NEGATIVE BEHAVIORS/WEAKNESSES**

## Academics/Behavior

<input type="checkbox"/> Difficulty concentrating	<input type="checkbox"/> Difficulty remembering facts	<input type="checkbox"/> Deficient in vocabulary
<input type="checkbox"/> Deficient in comprehension	<input checked="" type="checkbox"/> Deficient in mathematical operations	<input type="checkbox"/> Difficulty solving word problems
<input type="checkbox"/> Reads below grade level	<input type="checkbox"/> Achieves below grade level in other content areas	<input type="checkbox"/> Difficulty following directions
<input type="checkbox"/> Poor memory	<input type="checkbox"/> Talks excessively	<input type="checkbox"/> Poor handwriting
<input type="checkbox"/> Frequent reversals of letters and numbers	<input type="checkbox"/> Disorganized work habits	<input type="checkbox"/> Requires constant supervision
<input type="checkbox"/> Poor self-concept	<input type="checkbox"/> Talks about morbid themes	<input type="checkbox"/> Overactive
<input type="checkbox"/> Fights and/or bites	<input type="checkbox"/> Physically aggressive	<input type="checkbox"/> Talks about hurting or killing self
<input checked="" type="checkbox"/> Makes excuses	<input type="checkbox"/> Provokes/aggravates others	<input type="checkbox"/> Excessive daydreaming
<input checked="" type="checkbox"/> Lies	<input type="checkbox"/> Temper tantrums	<input type="checkbox"/> Destructive
<input type="checkbox"/> Oversensitive	<input type="checkbox"/> Appears depressed	<input type="checkbox"/> Steals
<input type="checkbox"/> Fearful	<input type="checkbox"/> Cries easily	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Disruptive	<input type="checkbox"/> Consistent inappropriate emotional responses	<input type="checkbox"/> Defiant/hostile
<input type="checkbox"/> Ritualistic behaviors-rocking, pacing, etc.	<input type="checkbox"/> Blames others	<input type="checkbox"/> Self-abusive behaviors
<input type="checkbox"/> Immature behaviors	<input type="checkbox"/> Abandons difficult tasks	<input type="checkbox"/> Poor peer relations
		<input type="checkbox"/> Irritable or moody
		<input type="checkbox"/> Other (specify): _____
		_____
		_____

(Continued)

White: EC Folder Yellow: Teacher Pink: Parent

000110

DEC 1, Cont'd

## Communications Skills

- Difficulty using and understanding language
- Unable to communicate basic needs and wants
- Indistinct articulation-speech sounds omitted, substituted, distorted
- Voice problems
- Nonverbal
- Slow, labored speech
- Reluctant to communicate in groups
- Difficulty with written expression
- Cannot understand spoken language
- Difficulty in oral expression
- Speaks haltingly or stutters
- Other (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Physical

- Physical complaints
- Bites nails
- Involuntary muscle spasms
- Lacks age-appropriate self-care
- Seizures
- Lack of physical mobility
- Poor gross motor skills
- Lacks fine motor coordination
- Difficulty copying - paper or board
- Chronic allergic conditions
- Impaired hearing
- Impaired vision
- Poor physical fitness
- Lethargic - tired and listless
- Overweight/underweight (circle)
- Asthma/epilepsy (circle)
- Wets or soils clothes
- Frequently gets hurt
- Currently takes medication
- Other (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Referring Person and Position:

Lulu Davis-Lieski SH

\*FOR SCHOOL-BASED COMMITTEE USE AND PRESCHOOL TRANSITION/PLACEMENT COMMITTEE USE ONLY

Date Received by School-Based Committee: 3/26/93

## Check Appropriately:

- No Referral for Evaluation
- Obtain Parental Permission for Evaluation (DEC 2)
- Additional Information Needed (see below)

Comments (if any): Send DEC 8

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## School-Based Committee Signatures:

## Preschool Transition/Placement Committee Signatures

Name

M. Robert

Position

AP

Cynthia D. Mullen

SSS

Wanda Guy

CC Resource Teacher

Lulu Davis-Lieski

SH

000111

## PSYCHOLOGICAL REPORT

NAME: Kousoul Chanthakaumonne	AGE: 12yrs. 6 mos.
SCHOOL: Tryon Hills	GRADE/PLACEMENT: 6th Hearing Impaired
DOB: 10/1/80	RACE/SEX: Asian/Male
REFERRED BY: SBC	Report Date: 5/26/93
EXAMINER: C. Mobley	GRADE REPEATED: none

#### EVALUATION COMPONENTS:

Cognitive      Psychomotor

**REASON FOR REFERRAL:**

Kousoul was initially certified as Hearing Impaired (with speech as a related service) in March of 1991. His disability was substantiated as a sensorineural hearing loss that would benefit from amplification (noted in medical records). The School Based Committee recommended, following Kousoul's receiving hearing aids, that his poor academic performance be monitored during the Spring of 1992. Despite Kousoul's use of the hearing aids, however, his academic performance remains problematic. In addition to Kousoul's hearing loss, there is substantiated familial dysfunction and that frequently resulted in his experiencing emotional difficulties. His present teacher stated that his motivation level is largely dependent on the amount of individual attention he receives. He has successfully completed grade level assignments (following individual instruction and follow-up by the Assistant), and at other times, he completed no assignments and exhibited little effort. Kousoul received counselling services from the school and from Youth Services Bureau (Todd Dorsey).

**PROCEDURES ADMINISTERED:**

Wechsler Intelligence Scale For Children- III 4/22/93  
Developmental Test of Visual Motor Integration 4/22/93  
Test of Nonverbal Intelligence-2 4/23/93

**DATA REVIEWED:**

Woodcock-Johnson Tests of Achievement 4/21/93  
School Records  
Student Interview

EVALUATION DATA:

(All instruments have a mean of 100 and SD of 15 unless otherwise stated)

## COGNITIVE ASSESSMENT:

## Wechsler Intelligence Scale For Children -III

	<u>IQ/Index</u>	<u>Confidence level</u>
Verbal	88	83-94
Performance	107	100-113
Full Scale	96	91-101
VC	85	80-92
PO	110	102-116
FD	98	91-106
PS	117	106-123

Verbal

		<u>Performance</u>	
Information	7	Picture Completion	9
Similarities	9	Coding	9
Arithmetic	10	Picture Arrangement	9
Vocabulary	6	Block Design	13
Comprehension	7	Object Assembly	15
Digit Span	9	Symbol Search	17

## PSYCHOMOTOR ASSESSMENT:

VMI: visual-motor age - 14 yrs. 6mos.

## EDUCATIONAL ASSESSMENT:

## Woodcock-Johnson Tests of Achievement

	<u>Grade</u>	<u>Standard Score</u>
Reading	5.7	94
Mathematics	5.5	89
Written Lang.	5.8	93
Broad Knowledge	4.7	88
Skills	5.6	92

DISCUSSION/RECOMMENDATIONS:

Kousoul initially related to this examiner in a guarded manner. As the testing proceeded, however, and he experienced more success and praise of his performance, his conversation became spontaneous and he was noticeably more relaxed. Kousoul's overall level of school learning ability presently falls into the average range, according to the WISC-III. The Performance subscale additionally fell in

this range, while the Verbal subscale fell in the low-average range.

On the Verbal subtests, Kousoul scored in the average range on measures of his verbal abstract reasoning, his ability to compute math problems orally, and his short term memory and concentration skills. Measures of his general store of information, his expressive vocabulary, and his common sense reasoning skills fell in the low-average range.

On the Performance subtests, Kousoul scored in the very superior range on a measure of his visual discrimination and perceptual speed skills. He further scored in the superior range on a measure of his simple assembly skills and his ability to perceive spatial relationships. Kousoul's ability to perceive and reproduce complex geometric designs received a score in the high-average range. Lastly, the remaining measures, his ability to attend to fine detail, his visual-motor dexterity skills, and his visual sequencing skills all fell into the average range.

It is very apparent that Kousoul's perceptual-motor skills are strongly developed. Further evidence of this strength was substantiated by his VMI age score of 14 yrs. 6mos., two years beyond his chronological age. Kousoul's average range nonverbal IQ on the TonI again addresses his learning strengths in nonverbal abilities.

The achievement testing revealed Kousoul's academic performance to fall approximately a year below grade level. His hearing aids have not been worn consistently in the school setting and his home situation has been problematic for several years. Hence, possible factors contributing to his lower school performance are difficult to determine at present.

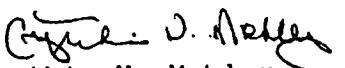
In summary, Kousoul's present level of school learning ability falls within the average range, according to the WISC-III. While his Verbal subscale was somewhat lower, he scored in the average range on the Verbal measure most indicative of higher intelligence (verbal abstract reasoning). Scores obtained by Kousoul on the Performance subtests clearly reflected his learning strengths, particularly in perceptual-motor development. The following recommendations are presented to the School Based Committee for consideration:

- a) Kousoul's Hearing Impaired certification will allow him to receive instruction in a resource setting, as his academic performance falls approximately one or more years below grade level.

b) Kousoul would benefit from continued counseling services. According to present teacher, his motivation level is a significant factor in his classroom performance.

c) Kousoul's very strongly developed perceptual-motor skills should be addressed through specialized educational planning. He would greatly benefit from exposure to enrichment activities in the areas of art, design, construction, assembly, and other related areas.

Submitted by,

  
Cynthia N. Mobley  
Student Services Specialist

Charlotte-Mecklenburg  
Local School Administrative UnitDEC 3/1991  
12/91

## SUMMARY OF EVALUATION RESULTS

Student: Karen Chaitkinowicz Grade: 4th Check Purpose  
 Initial  
 Reevaluation  
 Other: Exit Sp/Lang  
 School: Tryon Hill

DATE SCREENING INFORMATION RESULTS (if fail, must include results)  
1/1 Vision Screening Pass/Fail Far R20/        L 20/        Near R20/        L20/         
 (LD only)

1/1 Hearing Screening Pass/Fail        dB (Intensity level)        Hz (Frequencies)  
1/1 Speech/Language Screening

4/21/93 Motor Screening VM - - - Right earage 14yr. 10mo  
1/1 Health Screening  
1/1 Other:

## DATE EVALUATION INFORMATION

4/21/93 Educational Evaluation Test/Assessment: Woodcock - Johnson  
 Results: Reading Average with Tax average when average

4/22/93 Psychological Evaluation Test: WISC - II  
 Results: Verbal low average Performance average  
Full Scale Average

1/1 Behavioral-Emotional Evaluation Test: \_\_\_\_\_  
 Results: \_\_\_\_\_

4/27/93 Cognitive Evaluation Test: TOTI  
 Results: The average range

1/1 Speech-Language Evaluation Test: \_\_\_\_\_  
 Results: \_\_\_\_\_

Adaptive-Behavior Evaluation Test: \_\_\_\_\_  
 Results: \_\_\_\_\_

5/30/91 Medical Evaluation/Health Evaluation Test: Orthopedical - Kenneth W. Compton, M.D.  
 Results: confirmed sensor, neural hearing loss

1/1 Developmental Evaluation Assessment: \_\_\_\_\_  
 Results: \_\_\_\_\_

10/13/92 Other: audiological Test/Assessment: Sound booth testing -  
 Results: Mild to Severe b. lateral high frequency  
hearing loss - Marti - Sloan - CIBA - School Audiologist +

## SUMMARY OF EVALUATION RESULTS/PRESENT LEVEL OF PERFORMANCE

Strengths: perceptual motor skills. visual discrimination  
skills

Needs: verbal communication skills. (expressive vocabulary)

Actual copies of evaluation reports must be placed in child's folder.

Parent Copy sent/given 5/26/93

White: EC Folder Yellow: Parent's copy

000116

Charlotte-Mecklenburg  
Local School Administrative Unit

*Received & (Initials)*  
~~Reevaluation~~  
6-22-93 *Reeval Date*  
DEC 6 1993

### RECOMMENDATION/APPROVAL FOR PLACEMENT

School: Peyton Hills  
Student: Kasouy Chanthakoummne  
Address: 2530 Fort St.  
Date of Birth: 10-1-80 Age:   Sex: M Race: A Grade: 6  
Name of Parent/Guardian: Komenh Chanthakoummne  
Check Purpose:  Initial Placement  Reevaluation  Change in Placement/Setting  
 Other: \_\_\_\_\_

School-Based Committee/Preschool Transition/Placement Committee

Date 5/26/93

We have reviewed all the required documentation including the IEP and

- (a) do not recommend placement in the \_\_\_\_\_ program,
- (b) recommend continued placement, in the Hearing Impaired \_\_\_\_\_, or
- (c) recommend a change in placement/setting to \_\_\_\_\_, or
- (d) recommend exit from the \_\_\_\_\_ program.
- (e) recommend exit from Speech Language \_\_\_\_\_ related service. recommend addition of \_\_\_\_\_ related service.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Wanda Judy</u> <u>Assistant Teacher</u> <u>Lorraine Davis-Frisoli</u> <u>Subs. (electro)</u> <u>Cynthia N. Malle 355</u> <u>Mande P. Cintrell Teacher of HI</u>	<u>Signature</u> <u>CC Response Teacher</u> <u>Teacher</u> <u>SLP - Compliance Facilitator</u> <u>Elem Cntnanager</u>	<u>Position</u>
---	---	-----------------

APC Rep., if combined  
[] approval [] disapproval

Administrative Placement Committee

Date  /  /  

We have reviewed all required documentation including the IEP, and the recommendation of the School-Based Committee.

[] Approval [] Disapproval [] Reconvene Committee [] Other

Reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<u>Signature</u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u>Position</u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
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000117

Charlotte-Mecklenburg  
Local School Administrative Unit

DEC 8/HCA  
12/91

**PRIOR NOTICE FOR REEVALUATION**

Student: Kousoul Chanthakoummene

Date Sent: 3/26/93

School: Tryon Hills

Dear Mr. & Mrs. Chanthakoummene:

Reevaluation of handicapped students must be completed every three years in order to determine whether or not a student continues to need a special education program. Reevaluation of AG students must be completed within three years of initial evaluation for a student who was identified prior to the second semester of the third grade. An AG student may also be reevaluated when performance indicates a need for such and/or when the program changes. The proposed reevaluations by qualified personnel will include the use of one or more tests to help determine his/her strengths and weaknesses. The test data and screenings described below may be needed:

**AREA**

**INFORMATION**

Physical Health	Vision, hearing, motor, medical screening/evaluation
Educational	Reading, mathematics and other subjects - group/individual assessments, achievement tests; observation
Psychological	Mental ability, emotional development, perceptual development, and adaptive behavior screening/evaluation
Social Appraisal	Social, personal, behavioral and developmental history
Communication Skills	Understanding and using spoken language - screening/evaluation
Intellectual	Group or individual intelligence tests
Other: Developmental (Preschool only)	Cognitive, fine motor, gross motor, self-help skills

A summary of the evaluations will be shared with you, and you are entitled to all the due process rights in the *Handbook of Parents' Rights* a copy/summary of which is attached. If you have any questions, please contact:

Cynthia Mobley at Tryon Hills  
(Name) (School)

343-5510  
(Phone)

Note: A copy must be retained in the child's folder.

Charlotte-Mecklenburg Schools  
Exceptional Children  
SPEECH/LANGUAGE DIAGNOSTIC SUMMARYStudent Kerson Chanthabourymane  
School Troy HillsEvaluator L Davis-Feseki  
Date April 1993

## Articulation

School Weighted Articulation Test:

Other Test Scores:

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## Oral Peripheral Examination

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## Implications of Error Analysis

Mild articulation difference - typical of a moderate to severe sensori-neural hearing loss. Errors occur on high frequency sounds - but do not appear to directly & severely affect speech.

## Fluency

Appears within normal limits

Fluency Rating Scale Score:

Other procedures and findings:

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## Voice

CMS Voice Rating Scale

Other procedures and findings:

Slightly raspy and hoarse at times.

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# CHARLOTTE-MECKLENBURG SCHOOLS

## EXCEPTIONAL CHILDREN'S PROGRAM

### Report of Hearing Evaluation

NAME: Kousoul Chantha Kounagne SCHOOL: Tyron Hills

Your child's hearing was tested on 10-13-92. The results are described in the sections checked below.

- Your child passed a hearing rescreening of 25dB HTL at 500, 1000, 2000, and 4000Hz bilaterally.
- Results indicate that your child has normal hearing at this time.
- There has been no significant change in hearing levels since the last test on record.
- A slight hearing loss was identified. At this time, the hearing loss does not warrant a medical referral, nor should it cause any communication difficulty.
- Needs further testing.
- Other \_\_\_\_\_

#### PLEASE NOTE THE FOLLOWING:

- Wax is noted in the right / left ear canal. You may wish to consult your physician about removal.
- The ventilation tube/s in the right / left ear appears to be working (tympanometry measures).
- The ventilation tube/s in the right / left ear does NOT appear to be working (tympanometry measures). Please contact the managing ear doctor.
- Another test useful in identifying middle ear problems (tympanometry) indicates pressure behind the eardrum/s. This often occurs when an ear infection is just beginning or ending, and is often associated with colds or congestion. Hearing may fluctuate with this pressure. You may wish to consult your physician.

PLEASE CALL ME AT 343-5455: Office Hours: \_\_\_\_\_

- to discuss your child's hearing test results.
- to schedule a hearing evaluation by the CMS Audiology Department.
- to schedule the annual hearing evaluation.
- to schedule a hearing aid and/or FM system check.
- if you are aware of a hearing loss and your child has been evaluated within the last year.

#### RECOMMENDATIONS:

- Hearing should be retested annually.
- Hearing aid/s should be checked daily for function and use.
- Classroom interventions regarding hearing loss should continue. Please review recommendations in the cumulative folder.
- The hearing aid dispenser should be contacted to repair or replace hearing aid R+L earmold \_\_\_\_\_ or resupply batteries \_\_\_\_\_.
- Please notify the audiologist of annual review and triennial certification conferences.
- Please refer this student to the audiologist if you suspect hearing has changed or is adversely affecting the child's education.

#### TESTS ADMINISTERED

	Yes		No		OTHER	Yes		No	
	R	L	R	L		R	L	R	L
otoscopic	✓	✓							
tympanometry	✓	✓							
pure tones	✓	✓							

Marti Sloan-Clancy  
AUDIOLIST

This report should be made available to administrators, teachers, and parents upon request. The report should then be filed in the student's cumulative folder.

If there are any changes in the preceding recommendations an amended or superseding report will be sent. Until one arrives, this report should be assumed current.

White: EC Folder      Yellow: Parent

FOR MEDICAL REFERRALS PLEASE HAVE PH

I FILL OUT REVERSE SIDE OF THIS FORM AND RETU

TO AUDIOLOGIST

6164.56

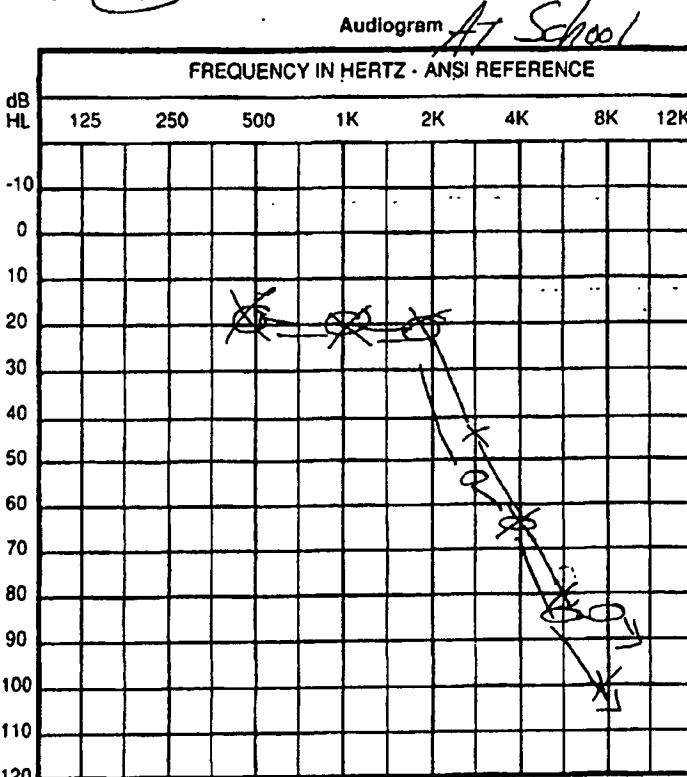
5/00

**CHARLOTTE-MECKLENBURG SCHOOLS AUDIOLOGICAL EVALUATION**  
**Program for the Hearing Impaired/Hearing Conservation Program**

Name: Kaysou Chontha Koumaré ID #: 0024730 Date of Test: 10-13-92School: Tyson Hills Grade: 6 Teacher: TUCK DOB: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

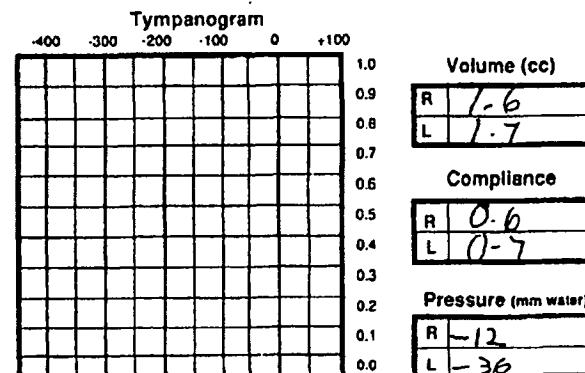
Sex:  M F Race: W B  A Other: \_\_\_\_\_ Referred by: \_\_\_\_\_Parent Permission: \_\_\_\_\_ Screening: \_\_\_\_\_ Known Case: CReliability:  Good Fair Poor InconsistentValidity:  Acceptable QuestionableOtoscopic: Scars (R) dark tym (L)

Comments: \_\_\_\_\_

	SAT/SRT	SD	@dB	SD Noise	@dB	S/N
Right		%		%		
Left		%		%		
Field		%		%		
Aided		%		%		
FM		%		%		

List \_\_\_\_\_ Live \_\_\_\_\_ Tape \_\_\_\_\_

HA \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_



Acoustic Reflexes (Ipsi Contra)

R	500	1K	2K	4K
L				

Recommendations:  Annual  Retest  Medical  Referral  HAE  HA  Repair  Earmolds  Certification  FMResults: R: Conductive  Sensorineural  Mixed  Normal  Mild  Moderate  Severe  Profound  Flat / Slope  Stable  
L: Conductive  Sensorineural  Mixed  Normal  Mild  Moderate  Severe  Profound  Flat / Slope  Stable

Mario Sloan - Client  
Audiologist

\*PHYSICIAN, PLEASE FILL OUT SUMMARY ON REVERSE SIDE

	AIR	Masked	Bone	Masked
RIGHT	0	Δ	<	1
LEFT	X	□	>	1
Soundfield	Air	HA	FM	
	S	A	T	

CNT - Couldn't Test  
DNT - Didn't Test  
↓/NR - No Response

000121

Sarah Perkins - 31

FOR MEDICAL REFERRALS PLEASE HAVE PHYSICIAN FILL OUT REVERSE SIDE OF THIS FORM AND RETURN IT TO AUDIOLOGIST

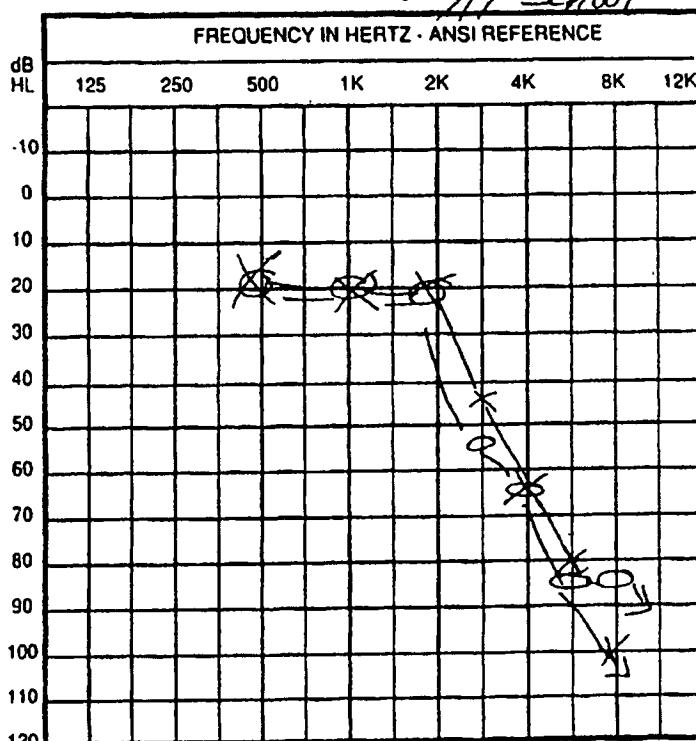
6164.56  
5/90CHARLOTTE-MECKLENBURG SCHOOLS AUDIOLOGICAL EVALUATION  
Program for the Hearing Impaired/Hearing Conservation ProgramName: Kansas Chontha Kourmane ID #: 0024730 Date of Test: 10-13-92School: Tyron Hills Grade: 6 Teacher: Tuck DOB: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

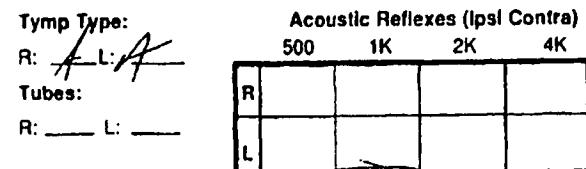
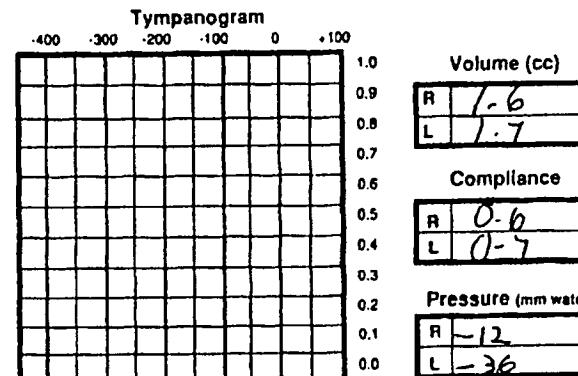
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  M F Race: W B  A Other: \_\_\_\_\_ Referred by: \_\_\_\_\_Parent Permission: \_\_\_\_\_ Screening: \_\_\_\_\_ Known Case: LReliability:  Good Fair Poor Inconsistent  
Validity:  Acceptable Questionable

## Speech Audiometry

Audiogram At School

	SAT/ SRT	SD	@dB	SD Noise	@dB	S/N
Right		%		%		
Left		%		%		
Field		%		%		
Aided		%		%		
FM		%		%		

List \_\_\_\_\_ Live \_\_\_\_\_ Tape \_\_\_\_\_  
HA \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_

Tubes: R: \_\_\_\_\_ L: \_\_\_\_\_

R: \_\_\_\_\_ L: \_\_\_\_\_

CONTINUATION Certification FM

Recommendations:  Annual  Retest  Medical Referral  HAE  HA  Repair  Earmolds  Certification  FMResults: R: Conductive  Sensorineural  Mixed  Normal  Mild  Moderate  Severe  Profound  Flat / Slope  Stable  
L: Conductive  Sensorineural  Mixed  Normal  Mild  Moderate  Severe  Profound  Flat / Slope  StableMaria Shoop - Client  
Audiologist

	AIR	Masked	Bone	Masked
RIGHT	0	Δ	<	1
LEFT	X	□	>	1
Soundfield	Air	HA	FM	

CNT - Couldn't Test  
DNT - Didn't Test  
000122  
↓/NR - No Response  
281

Database Update  
Exceptional Children  
Charlotte-Mecklenburg Schools

6464-99

3/92

## Check Purpose

Initial  
 Reevaluation  
 Change of Setting

Change of Exceptionality  
 Related Service  
 Change in Points

## Exit (Must Explain):

Special - language - no longer -  
qualifies for services in speech

ID Number 0024730School Tryon H/SStudent Name Kasoul Chanthabouman

Date Submitted

Evaluation Date 5-26-93Submitted by Cynthia Miller

## I. Exceptionality

Autistic (AU)  
 Behaviorally/Emotionally  
 Handicapped (EH)  
 Deaf/Blind (DB)  
 Hearing Impaired (HI)  
 Mentally Handicapped  
 [ ] EMH  TMH  S/P  
 Multihandicapped (MU)

Orthopedically Impaired (OI)  
 Other Health Impaired (OH)  
 Specific Learning Disa. (LD)  
 \*Speech-Language Impaired (SI)  
 Traumatic Brain Injured (TBI)  
 Visually Impaired (VI)

## II. Setting

Regular (RG)  
 Resource (RS)  
 Separate (SE)  
 Public Separate School (SD)

Private Separate School (SP)  
 Public Residential Facility (PR)  
 Private Residential Facility (VR)  
 Home/Hospital (HH)

## III. Related Services

Date: 5-26-93

\*Speech/Language  
 Transportation  
 Other: Re eval. later

## IV. Speech/Language Information

Date: \_\_\_\_\_

## Disorder:

pts. Articulation  pts. Language  Speech Score  pts.  
 pts. Fluency  pts. Voice

White: To be picked up by Data Manager

000123

Yellow: EC 282 Folder

## INVITATION TO CONFERENCE/PRIOR NOTICE

## Check Purpose

Initial Placement  
 Review  
 Reevaluation

Change in Placement  
 Exit from Program

Other: *Exit Sp/Lang*

Dear Mr. Chanthakavanogn:Date Sent 5/10/93Re: Kasual (Student's Name)

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss Kasual's special needs.

At this meeting, we would like to discuss one or more of the following:

- Ways to meet the educational needs of your child
- Evaluation results
- Develop or change the Individualized Education Program (IEP), Group Education Program (GEP), or Written Education Program (WEP).
- Change in placement
  - Educational Setting
  - Identification

The following people will be involved with the meeting:

Name	Position
<u>Cynthia May</u>	<u>555</u>
<u>Maude Gottrell</u>	<u>H.I. Teacher</u>
<u>Carroll</u>	<u>Teacher</u>

Name	Position
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

The meeting is scheduled for (date) 5/26/93, at (time) 1:00, (place) Classroom.  
 If this time is inconvenient, I will be happy to reschedule the meeting.

Please call (phone) 343-5511.

Sincerely,  


School-Based Committee Chairperson

Lynn Keele  
 School

## PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- I will be present for the Conference.
- I cannot meet at this time, I will contact the school in order to arrange another time.
- I cannot meet at this time. Please contact me to arrange another time.

Parent/Guardian Signature K. Chanthakavanogn

Date 5-26-93

\*\*\* PLEASE RETURN THIS FORM TO THE SCHOOL \*\*\*

(Date Received: 5/26/93)

2nd Notice 1 (Date) 1 Type of Notice \_\_\_\_\_

3rd Notice 1 (Date) 1 Type of Notice \_\_\_\_\_

\*Note: Retain a copy in child's folder.

White: BC Folder Yellow: Teacher Pink: Parent

000124

CHARLOTTE-MECKLENBURG  
Local School Administrative Unit

DEC 5 1991

11/91

(Part 2)

## INDIVIDUALIZED EDUCATION PROGRAM/SERVICE DELIVERY PLAN

(To be completed after the IEP is developed)

Student: Kouson Chontha Komane

## Check Purpose:

Initial Entry       Change in Placement  
 Annual Review       Other: Not  
 Reevaluation      Sp Lang.

School: Tryon H.S.

## I. AREA OF IDENTIFICATION (ELIGIBILITY) (mark only primary condition)\*

Academically Gifted       Other Health Impaired  
 Autistic       Specific Learning Disabled  
 Behaviorally-Emotionally Handicapped       Speech-Language Impaired  
 Deaf-Blind       Traumatic Brain Injured  
 Hearing Impaired       Visually Impaired  
 Mentally Handicapped  
 EMH     S/PMH     TMH  
 Multihandicapped  
 Orthopedically Impaired

## II. RELATED SERVICES

Audiology       Counseling Services  
 Occupational Therapy       Physical Therapy  
 Speech-Language       Transportation  
 Other: \_\_\_\_\_

\*Child meets the eligibility criteria of the State Board of Education and is in need of special education.

## III. LEAST RESTRICTIVE ENVIRONMENT (PLACEMENT)

## A. Amount of Time in Exceptional Education:

Type of Service	Sessions Per Wk./Mo./Yr.	Min. Per Session	Hours Per Wk.
Consultation <u>HI</u>	<u>1X per mo.</u>	<u>30</u>	____
Direct Special Education	_____	_____	_____
Related Services	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## B. Continuum of Services: Check the services considered by the committee, and circle the decision reached. Give reason(s) for options rejected and the decision reached. A continuum of services must be considered.

Regular - Less than 21% of day (up to 1 hr., 15 min.)       Private Separate School - 100%  
 Resource - 21% - 60% of day (1 hr. 15 min. to 3 hrs. 30 min.)       Public Residential - 100%  
 Separate - 61% or more of day (more than 3 hrs. 30 min.)       Private Residential - 100%  
 Public Separate School - 100%       Home/Hospital - 100%

## Preschool

Regular\* - Up to 6 hours per week       Private Separate School - 100%  
 Resource\* - 6 to 18 hours per week       Public Residential - 100%  
 Separate\* - more than 18 hours per week       Private Residential - 100%  
 Public Separate School - 100%       Home/Hospital - 100%  
       Home/Family - minimum 1 hour per week

\*Applicable only in a classroom setting

## Agency: Check where the student is receiving special services.

1. LEA/School in Attendance Area       3. Another LEA  
 2. LEA/School Not in Attendance Area       4. Other \_\_\_\_\_

Reason(s) for options rejected John's hearing impairment continues to be a problem in the classroom and doesn't require a more restrictive placement.

Reason(s) for decision reached John needs continued consultative services to develop self-help strategies regarding his hearing loss and use of aids.

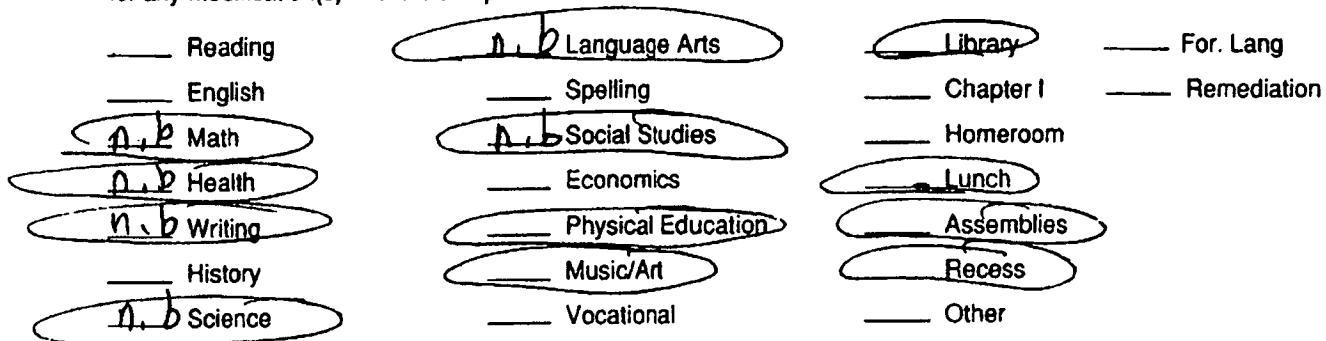
CHARLOTTE-MECKLENBURG  
Local School Administrative Unit

DEC 5/HCA

11/81

(Part 2 continued)

**C. Regular Program Participation:** Circle the regular class(es) in which the student is enrolled and list the letter(s) for any modification(s) in the blank provided.



**Appropriate Classroom Modification(s), If any:**

a. Grading	h. Audio Tapes
b. Peer Tutoring	i. Tape Recorder
c. Oral Test	j. Interpreter
d. Abbreviated Assignments	k. Auditory Trainer
e. Alternative Materials	l. Assistive Devices
f. Extended Test Time (Tchr. Test)	m. Computer/Typewriter/Word Processor
g. Large Print Books	n. Other <u>preferential Seating</u>

For preschool children describe how the child is involved in a regular program: NA

**IV. INDICATE VOCATIONAL SERVICES TO STUDENTS 14 YEARS AND OLDER:** NA

\*Vocational evaluation is needed?  Yes  No

**V. TRANSITION PLAN IN EFFECT FOR STUDENTS 16 YEARS AND OLDER?**  Yes  No

**VI. N.C. TESTING PROGRAM: Modifications Needed**  Yes (See part III on back)  No

**VII. IS ADAPTED PHYSICAL EDUCATION REQUIRED?**  Yes  No

**VIII. IEP COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE**

The following were present and participated in the development and writing of the IEP:

Signatures	Position	Date
<u>Cynthia W. Malp</u> , SSS	LEA Representative	<u>5/26/93</u>
<u>Cynthia T. Tisch</u>	Student's Teacher	<u>5/26/93</u>
<u>L. Chaffee</u>	Parent	<u>5-26-93</u>
<u>Markie F. Canfield</u> <u>HY</u>	EC Teacher	<u>5-26-93</u>

**IX. IEP ADDENDUM COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE**

The following were present and participated in the development and writing of the addendum:

Signatures	Position	Date
	LEA Representative	
	Student's Teacher	
	Parent	
	EC Teacher	

000128

## STUDENT OBJECTIVE REPORT

TE-NECKLBG

65592C  
AGE 11-10

LLS

CHANTHAKOUMMAN KO\$

"

ITEM	RIGHT POSSIBLE	% RIGHT	NRT LVL
- T/SENTENCE STRUCTURE	1/4	25	-
LOGICAL ORG. PATTERNS	4/4	100	+
PER AUTHOR'S MEANING	1/2	50	P
STINGUISH FACT/OPINION	1/3	33	-
E MORE EXACT VOCABULARY	2/11	18	-
	9/24	38	20
NOTION OF IMAGERY	1/3	33	-
STINGUISH FACT/OPINION	1/5	20	-
EXAMPLE/PERSONIFICATION	2/2	100	+
CHAR. OF BIOGRAPHY	0/1	0	-
W CONCL/AUTHOR'S MEAN.	2/4	50	P
EADING/LITERATURE	6/15	40	20
ISE BY IMPROVING ORG.	2/3	67	P
TNE OPENING SENTENCE	1/2	50	P
NTENCE COMBINING STRAT.	4/8	50	P
ONOUN/ANTECEDENT AGREE.	3/3	100	+
TT/SENTENCE STRUCTURE	0/2	0	-
SPECIFIC DETAILS	0/4	0	-
ITTING	10/22	45	17
CATE ORIGIN/WORDS	1/9	11	-
NTIFY & USE HOMOPHONES	0/4	0	-
TNE ROOT WORDS	1/3	33	-
ANG. STRUCTURE & HISTORY	2/16	13	0
ENTIFY & LOCATE GLOSSARY	1/1	100	+
HAPTER HEADINGS	0/3	0	-
CTIONARY/PARTS OF SPEECH	0/2	0	-
UDY SKILLS	1/6	17	33
- RIS STATEMENT	0/4	0	-
NSITIONAL EXPRESSIONS	3/4	75	+
IT/VERB USAGE	1/4	25	-
ARACTERISTICS OF IRONY	2/2	100	+
ENTIFY SETTING/PROSE	1/1	100	+
ARACTERISTICS OF SATIRE	0/1	0	-
DESCRIBE HYPERBOLE	0/1	0	-
	7/17	41	43
ST AVG		35	24

ED  
TALLY MASTERED BATCH 920007-590  
MASTERED TEST DATE: 08/24/92  
MASTERED RUN DATE: 09/17/92 ID NUMBER 0024730  
CODED INFO 4....2....  
PAGE 157

## STUDENT OBJECTIVE REPORT

GRE-MECKLBB

SKILLS  
6

CRENSHAW SHA A

65592C  
AGE 12-06

OBJECTIVE	RIGHT POSSIBLE	% RIGHT	NET LVI
T/SENTENCE STRUCTURE	1/4	25	-
LOGICAL ORG. PATTERNS	1/4	25	-
DETERM AUTHOR'S MEANING	2/2	100	+
DISTINGUISH FACT/OPINION	1/3	33	-
USE MORE EXACT VOCABULARY	1/11	9	-
	6/24	25	20
IMAGINATION OF IMAGERY	0/3	0	-
DISTINGUISH FACT/OPINION	1/5	20	-
EXAMPLE/PERSONIFICATION	0/2	0	-
CHAR. OF BIOGRAPHY	1/1	100	+
SHOW CONCL/AUTHOR'S MEAN.	0/4	0	-
READING/LITERATURE	2/15	13	20
USE BY IMPROVING ORG.	0/3	0	-
USE OPENING SENTENCE	0/2	0	-
SENTENCE COMBINING STRAT.	2/8	25	-
PRONOUN/ANTECEDENT AGREE.	1/3	33	-
SENT/SENTENCE STRUCTURE	2/2	100	+
USE SPECIFIC DETAILS	0/4	0	-
READING	5/22	23	17
LOCATE ORIGIN/WORDS	3/9	33	-
IDENTIFY & USE HOMOPHONES	1/4	25	-
LOCATE ROOT WORDS	1/3	33	-
ANALY. STRUCTURE & HISTORY	5/16	31	0
IDENTIFY & LOCATE GLOSSARY	0/1	0	-
IDENTIFY & LOCATE HAPTER HEADINGS	0/3	0	-
IDENTIFY & LOCATE DICTIONARY/PARTS OF SPEECH	0/2	0	-
STUDY SKILLS	0/5	0	0
STATEMENT OF SITUATION	2/4	50	P
TRANSITIONAL EXPRESSIONS	3/4	75	+
SENT/VERB USAGE	1/4	25	-
CHARACTERISTICS OF IRONY	0/2	0	-
IDENTIFY SETTING/PROSE	0/1	0	-
CHARACTERISTICS OF SATIRE	1/1	100	+
DESCRIBE HYPERBOLE	0/1	0	-
	7/17	41	29
TEST AVG		25	17

ED  
ALREADY MASTERED  
MASTERED

BATCH 920007-580  
TEST DATE: 08/24/92  
RUN DATE: 09/17/92

TO NUMBER 0026142  
CODED INFO 2...2...  
PAGE 158

**CMS MATHEMATICS PORTFOLIO**  
**FORMAL LEARNING INVENTORY**  
**THROUGH OBSERVATION/INTERVIEW**

Student John Chantholosoumon Year 92-93

**M** - most of the time

**S** - some of the time

**N** - not yet

**FALL      WINTER      SPRING**

**REASONING:**

Displays understanding of skills

<u>N</u>	<u>N</u>	<u>S</u>

Understands concepts

Chooses appropriate solution strategies

Solves problems accurately

**PARTICIPATION:**

Works in an organized manner

<u>M</u>	<u>S</u>	<u>S</u>
<u>S</u>	<u>S</u>	<u>S</u>
<u>S</u>	<u>S</u>	<u>M</u>
<u>M</u>	<u>N</u>	<u>S</u>

Works neatly

Meets deadlines

Stays on task

Requests assistance when needed

Displays positive attitude

Tries alternative approaches

Shows patience and perseverance

Is willing to try

Goes beyond assigned task

Takes initiative to check work

**COOPERATIVE LEARNING:**

Stays on task

---	---	---
-----	-----	-----

Listens to others

---	---	---
-----	-----	-----

Involves others in group work

---	---	---
-----	-----	-----

Helps others

---	---	---
-----	-----	-----

Considers and uses ideas of others

---	---	---
-----	-----	-----

Works well with others

---	---	---
-----	-----	-----

Defends choice of strategies

## CMS MATHEMATICAL SELF-ASSESSMENT SURVEY

Student John Chanthakoumanon Date 10-5-9-2

Read each statement and choose the answer that best describes how you feel.

1. Math is important to me.
2. I think math is fun.
3. I see that math is used a lot in the real world.
4. Math scares me.
5. I like to be challenged by hard problems.
6. I get frustrated easily and quit.
7. I help others with math.
8. I usually need help to solve problems.
9. I am doing better in math.
10. I like math.
11. I ask for help in math when I need it.
12. I like to try new ways to solve a problem.
13. I hurry through my work just to finish.
14. I can usually solve problems by myself.
15. I feel good about the way I solve problems.
16. I will work to get an answer no matter how long it takes.

yes	no	sometimes
✓		
		✓
	✓	
		✓
✓		
✓		
	✓	
		✓
✓		
	✓	
		✓
✓		
	✓	
		✓
✓		
✓		
		✓

Student's Name John ChanthavongTeacher A. CameronGrade 4 Year 2013School Tiger Hall

## CMS MATHEMATICS PORTFOLIO CONTENTS LOG

	FALL	WINTER	SPRING
BENCHMARKS:			
1. CRT - score	87% / 100 - 11		
strengths	1. Multiplication with 2 digits + multi-digit	① Divide by whole to a decimal	① Identify angles
weaknesses	1. Division with 3 digits	② Congruent Figures	② Create & solve problems
2. END-OF-GRADE TEST	N/A		① Determine sol of real or coded problem
3. other:		N/A	① Find sq root of a number ② Use Exponents
STUDENT WRITING			
date/item			
SELF-ASSESSMENT	10/5/2012		
date/item			
FORMAL LEARNING INVENTORY THROUGH OBSERVATION/INTERVIEW			

000131

290

CHART OFF-MEASURE  
CLOCK  
TELEVISION  
SAMI 6

## STUDENT OBJECTIVE REPORT

55591D  
AGE 17-63

OBJECTIVE	RIGHT/WRONG	% RIGHT	RIGHT
<b>NUMBER TEST</b>			
1/A WRITE EXPANDED NUMERALS	1/2	50	0
1/B ADD & SUB. FRACTION/MIXED #	0/2	0	0
2/A IDENTIFY ANGLES	1/2	50	0
2/A DETERMINE SIMPLE RATIOS	1/2	50	0
2/B PREDICT # IN ARRANGEMENT AVERAGE	0/2	0	0
2/10		50	0
<b>NUMERATION SUBTEST</b>			
1/C FIND NUMBER AVERAGE	0/3	0	0
1/D	0/3	0	0
<b>WHOLE NUMBERS SUBTEST</b>			
2/A ADD/SUBTRACT NUMBERS	2/3	67	0
2/B ESTIMATE SUMS AVERAGE	0/3	0	0
2/16		33	0
<b>FRACTIONS/DECIMALS SUBTEST</b>			
3/A ADD/SUBTRACT MIXED #/FRA	0/2	0	0
3/B MUL/DIV WHOLE # BY FRA	2/3	67	0
3/C RENAME FRACTIONS AS DECIM	1/3	33	0
3/D COMPARE 2 NUMBERS/DECIMAL	1/2	33	0
3/E DIV DEC BY WHOLE # OR DEC	2/2	67	0
3/F RENAME DEC + FRACTION OR %	0/2	0	0
3/18		33	0
<b>NUMBER THEORY SUBTEST</b>			
4/B USE EXPONENTS	1/3	33	0
4/C FIND PRIME FACTORIZATIONS	1/3	33	0
4/D FIND GCF/LCM AVERAGE	1/4	25	0
4/10		30	0
<b>MEASUREMENT SUBTEST</b>			
5/A DETERMINE VOL./ACC. METRIC	0/3	0	0
5/B FIND CIRCUMF/AREA OF CIRCLE	0/3	0	0
5/C MEASURE ANGLES/NEAREST DEG	1/3	33	0
5/D CONVERT UNITS/METRIC AVERAGE	0/3	0	0
5/11		33	0
<b>GEOMETRY SUBTEST</b>			
6/A ID SPECIAL TRIANGLES/QUADR	0/3	0	0
6/B DETERMINE LINE OF SYMMETRY	2/3	67	0
6/C CONGRUENT FIGURES AVERAGE	2/3	67	0
6/9		40	0
<b>PERCENT/RATIO SUBTEST</b>			
7/A FIND PERCENT OF A NUMBER	1/3	33	0
7/B FIND % ONE # IS OF ANOTHER	1/3	33	0
7/C FIND % INCREASE/DECREASE	0/3	0	0
7/D MISSING TERM OF PROPORTION AVERAGE	1/3	33	0
7/11		33	0
<b>PROBABILITY/STATISTICS SUBTEST</b>			
8/D LIST POSSIBLE OUTCOMES	0/2	0	0
8/E FRACTIONAL PROBABILITIES	2/2	67	0
8/F MEASURES OF CENTRAL TEND AVERAGE	1/3	33	0
8/9		33	0

000132

•=MASTERED	BATCH 930005~35	ID NUMBER 0024730
•=PARTIALLY MASTERED	TEST DATE: 01/04/93	CODE INFO 4,1,1,1
•=NOT MASTERED	RUN DATE: 01/20/93	PAGE 114

CHARLOTTE HECKLER  
TICK  
TERYON BELL  
GRADE 6

## STUDY OBJECTIVE REPORT

655910  
AGE 12+0

OBJECTIVE	RIGHT/POSSIBLE	% RIGHT	MST
<b>ALGEBRA SUBTEST</b>			
A1 ALGEBRA SUBTEST			
9/A USE VARIABLE/PLACE HOLDER	0/2	0	
9/B VARIABLE EXPRESSION/WORD	1/3	33	
9/D ADD/SUB/MUL/DIV INTEGERS	1/3	33	
9/C INTEGERS ON A NUMBER LINE	2/3	67	P
AVERAGE	4/12	33	0
<b>UNIT 31 L2</b>			
4/E CONVERT TO SCIENTIFIC NOT.	0/2	0	
5/A DETERMINE ELAPSED TIME	0/2	0	
7/D CONVERT FRAZ/DEC TO %	1/3	33	P
8/A READ & INTERPRET GRAPHS	1/3	66	P
9/C ARRANGE INTEGERS IN ORDER	1/3	66	P
AVERAGE	3/10	30	6

•=MASTERED	BATCH 930005~35	ID NUMBER 0024730
•=PARTIALLY MASTERED	TEST DATE: 01/04/93	CODE INFO 4,1,1,1
•=NOT MASTERED	RUN DATE: 01/20/93	PAGE 135

## STUDENT OBJECTIVE REPORT

CHARLOTTE-MECKLENBURG  
TICKER  
TRYON HILLS  
GRADE: 6

CHARTER/CHARLOTTE-K12

IS-5416  
AeP 12-03

OBJECTIVES	RIGHT/POSSIBLE	% RIGHT	MAT LVL
<b>SUBTESTS</b>			
1/E WRITE EXPANDED NUMERALS	1/2	50	P
2/D ADD & SUB. FRACTION/MIXED #'S	0/2	0	P
5/A IDENTIFY ANGLES	1/2	50	P
5/A DETERMINE SIMPLE PATTERNS	1/2	50	P
7/E PREDICT # OF ARRANGEMENTS AVERAGE	0/2	0	P
3/3 0	3/30	10	0
<b>NUMERATION SUBTEST</b>			
1/C ROUND NUMBERS	0/3	0	P
AVERAGE	0/3	0	0
<b>WHOLE NUMBERS SUBTEST</b>			
2/A ADD/SUBTRACT NUMBERS	2/3	67	P
2/C ESTIMATE SUMS	0/3	0	P
AVERAGE	2/6	33	0
<b>FRACTIONS/DECIMALS SUBTEST</b>			
3/A ADD/SUBTRACT MIXED #'S	0/3	0	P
3/B MUL/DIV WHOLE # BY FRACTION	2/3	67	P
3/E RENAME FRACTIONS AS DECIMALS	1/3	33	P
3/G COMPARE 2 NUMBERS/DECIMALS	1/3	33	P
3/I DIV DEC BY WHOLE # OR DEC	2/3	67	P
3/I RENAME DEC + FRACTION OR %	0/3	0	P
AVERAGE	6/18	33	0
<b>NUMBER THEORY SUBTEST</b>			
4/B USE EXPONENTS	1/3	33	P
4/C FIND PRIME FACTORIZATION	1/3	33	P
4/D FIND GCF/LCM	1/4	25	P
AVERAGE	1/10	10	0
<b>MEASUREMENT SUBTEST</b>			
5/C DETERMINE VOL./REC. SOLIDS	0/3	0	P
5/E FIND CIRCUM/AREA OF A CIRCLE	0/3	0	P
5/G MEASURE ANGLES/NEAREST DEG	1/3	33	P
5/I CONVERT UNITS/METRIC	0/3	0	P
AVERAGE	1/12	8	0
<b>GEOMETRY SUBTEST</b>			
6/A ID SPECIAL TRIANGLES/QUADR	0/3	0	P
6/B DETERMINE LINE OF SYMMETRY	2/3	67	P
6/C CONGRUENT FIGURES	2/3	67	P
AVERAGE	4/9	44	0
<b>PERCENT/RATIO SUBTEST</b>			
7/A FIND PERCENT OF A NUMBER	1/3	33	P
7/B FIND % ONE # IS OF ANOTHER	1/3	33	P
7/C FIND % INCREASE/DECREASE	0/3	0	P
7/D MISSING TERM OF PROPORTION	1/3	33	P
AVERAGE	1/12	25	0
<b>PROBABILITY/STATISTICS SUBTEST</b>			
8/D LIST POSSIBLE OUTCOMES	0/3	0	P
8/E FRACTIONAL PROBABILITIES	2/3	67	P
8/F MEASURES OF CENTRAL TEND.	1/3	33	P
AVERAGE	3/9	33	0

000134

293

CHARLOTTE MECKLENBURG  
TUCK  
TRYON HILLS  
GRADE 6

## STUDENT PERFORMANCE REPORT

CHANTHAPONGSAK KOM

655916  
AGE 12-05

OBJECTIVES	RIGHT/ POTENTIAL	% RIGHT	NOT RIGHT
<b>ALGEBRA SUBJECT</b>			
<b>ALGEBRA SUBJECT</b>			
9/A USE VARIABLE/PLACE HOLDER	0/3	0	0
9/B VARIABLE EXPRESSION/EQUA.	1/3	33	0
9/D ADD/SUB/MUL/DIV INTEGERS	1/3	33	0
9/C INTEGERS ON A NUMBER LINE	2/2	67	P
AVERAGE	6/12	50	0
<b>SUBTEST 07</b>			
4/E CONVERT TO SCIENTIFIC NOT.	0/2	0	0
5/A DETERMINE ELAPSED TIME	0/2	0	0
7/D CONVERT FRACTION TO %	1/2	50	P
8/A READ & INTERPRET GRAPHS	1/2	50	P
9/C ARRANGE INTEGERS IN ORDER	1/2	50	P
AVERAGE	2/40	50	0

+=MASTERED  
\*=PARTIALLY MASTERED  
-=NOT MASTERED

BATCH 030005-35  
TEST DATE: 01/04/93  
RUN DATE: 01/20/93

TO NUMBER 0024730  
CODED INFO 4111111111  
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## STUDENT OBJECTIVE REPORT

CHARLOTTE-MECKLBB  
THICK  
TRYON HILLS  
GRADE 6

CHANTHAKHUMMAN KOS

65591F  
AGE 12

OBJECTIVES	RIGHT/POSSIBLE	% RIGHT	MST LVL
<b>SUBTEST 5E</b>			
1/C CHANGE #18/WORD TO STAN.	1/2	50	P
1/H USE EXPONENTIAL NOTATION	1/2	50	P
3/I GIVE PLACE VALUE/DECIMAL	0/2	0	-
5/A IDENTIFY ANGLES	2/2	100	+
6/C FIND PERCENT OF A NUMBER	0/2	0	-
AVERAGE	4/10	40	20
<b>NUMERATION SUBTEST</b>			
1/D COMPARE TWO NUMBERS	2/3	67	P
AVERAGE	2/3	67	0
<b>WHOLE NUMBERS SUBTEST</b>			
2/C ESTIMATE SUM/DIF/PROD/QUO	1/3	33	-
2/D CREATE AND SOLVE PROBLEMS	3/3	100	+
AVERAGE	4/6	67	50
<b>FRACTIONS/DECIMALS SUBTEST</b>			
3/A ADD/SUB MIXED #'S/REGROUP	1/3	33	-
3/B MULT/DIV WHOLE # BY FRAC	2/3	67	P
3/E RENAME FRACTION AS DECIMAL	2/3	67	P
3/I ADD/SUB/MULT/DIV DECIMALS	3/3	100	+
3/L RENAME DEC. AS FRAC. & %	1/3	33	-
AVERAGE	9/15	60	20
<b>NUMBER THEORY SUBTEST</b>			
4/A ID PRIME & COMPOSITE #'S	1/3	33	-
4/B USE EXPONENTS	0/3	0	-
4/D FIND GCF/LCM	2/3	67	P
AVERAGE	3/9	33	0
<b>MEASUREMENT SUBTEST</b>			
5/C DETERMINE VOLUME/RECTANGLE	0/3	0	-
5/D FIND PERIMETER/AREA/VOLUME	2/3	67	P
5/E FIND CIRCUM./AREA CIRCLE	0/3	0	-
5/G MEASURE ANGLES	1/3	33	-
5/H CONVERT UNITS/STANDARD	1/3	33	-
5/J CONVERT UNITS/METRIC	0/3	0	-
AVERAGE	4/18	22	0
<b>GEOMETRY SUBTEST</b>			
6/A ID SPECIAL TRIANGLE & QUAD	1/3	33	-
6/B DETERMINE LINE OF SYMMETRY	1/3	33	-
AVERAGE	2/6	33	0
<b>PERCENT/RATIO SUBTEST</b>			
7/A FIND PERCENT OF A NUMBER	1/3	33	-
7/B FIND ONE #'S % OF ANOTHER	2/3	67	P
7/C FIND % INCREASE/DECREASE	1/3	33	-
7/D MISSING TERM OF PROPORTION	1/3	33	-
7/E FIND EQUIVALENT RATIOS	1/3	33	-
7/F SOLVE PROPORTIONS	3/3	100	+
AVERAGE	9/18	50	17
<b>PROBABILITY/STATISTICS SUBTEST</b>			
8/E FRACTIONAL PROBABILITIES	0/3	0	-
8/F MEASURES OF CENTRAL TEND.	0/3	0	-
AVERAGE	0/6	0	0

000136

CHARLOTTE-MECKLBG  
TUCK  
TRYON HILLS  
GRADE 6

## STUDENT OBJECTIVE REPORT

CHANTHAKUMMAN KOS

65591E  
AGE 12

OBJECTIVES	RIGHT/ POSSIBLE	% RIGHT	MST LVL
ALGEBRA SUBTEST			
ALGEBRA SUBTEST			
9/A USE VARIABLE/PLACE HOLDER	2/3	67	P
9/B CONCEPT/VARIABLE EXP/EQUA	0/3	0	-
9/C ORDER & COMPARE INTEGERS	0/3	0	-
9/D ADD/SUB/MUL/DIV INTEGERS	1/3	33	-
AVERAGE	3/12	25	0
SUBTEST E7			
2/A ESTIMATE SUM/DTF/PROD/QUO	2/2	100	+
3/E FIND RECIPROCAL	1/2	50	P
4/E CONV./SCIENTIFIC NOTATION	0/2	0	-
7/E CREATE & SOLVE PROBLEMS	0/2	0	-
8/A READ/INTERPRET GRAPH/TABLE	2/2	100	+
AVERAGE	5/10	50	40

+=MASTERED  
P=PARTIALLY MASTERED  
-=NOT MASTERED

BATCH 920016-60  
TEST DATE: 04/12/93  
RUN DATE: 05/06/93

ID NUMBER 0024730  
CODED INFO 4...1...  
PAGE 121

## CMS SUMMER PROGRAM REGISTRATION/PEP/STUDENT INFORMATION SHEET

6171.5

593

(To be used for any student in grades 1-8 retained or repeating a course.)  
(PLEASE PRINT OR TYPE)GRID 321D"John"

SUMMER SITE

Shamrock

## A. STUDENT INFORMATION: (to be completed by home school)

STUDENT Chanthakoummane, Kosoul CMS ID # 0024730 Tryon Hills

BIRTHDATE <u>10-1-80</u>	LAST <u>6</u>	FIRST <u>Mark Robertson</u>	CMS ID # <u>Ms. TUCK</u>
BIRTHDATE <u>M</u>	CURRENT GRADE <u>R</u>	PRINCIPAL <u>Komonh/Phongsavout</u>	TEACHER
SEX <u>2530 Fort St.</u>	RACE <u>RESIDES WITH</u>	PARENT <u>28205</u>	GUARDIAN
ADDRESS	ZIP CODE	HOME PHONE	EMERGENCY PHONE

HEALTH ALERT: Health conditions about which summer program staff should be aware: \_\_\_\_\_

B. REASON FOR ATTENDING (Circle one) State 3  State 6 State 8 Local Retention ESL

CRT TEST Scores:

(Grades 3, 6, 8)

Attach Profile Sheet

PRESENT PLACEMENT

Reg. 

COURSEWORK NEEDED: Grades 7, 8

LD Subject Reading, Math Date to Attend \_\_\_\_\_EMH BEH  Subject \_\_\_\_\_ Date to Attend \_\_\_\_\_Other Hearing Impaired

Specific Academic Strengths:

Specific Academic Needs: Reading, Math

Classroom Teacher

Mrs. Tuck

Principal/Designee

M. Pollock

Summer Program Teacher

Kay Schorn

Others \_\_\_\_\_

## C. END OF SUMMER REPORT: (to be completed by summer program teacher and administrator)

Site S. Gardens Days Absent 4 Conduct Excellent Grade(s): Reading (A) / Math (B)Comments: See attached feed back formSummer Program Teacher Kay Schorn - reading Administrator Connie J. McDonald  
Marn Jaynes - math

## D. PROMOTION/RETENTION DECISION: (to be made by home school principal)

 Promoted \_\_\_\_\_ Retained \_\_\_\_\_ Attended Summer Program \_\_\_\_\_ Did not attend Summer Program \_\_\_\_\_Signature of home school principal Kathy Smith Date 8/3/83

NOTE: White and yellow copies are to be sent intact to Summer Program office at time of registration.

White and yellow copies are then returned to the home school at conclusion of summer classes.

Yellow copy is sent to the Summer Program office after promotion/retention decision is made.

SUMMER SCHOOL FEEDBACK FORM  
SHAMROCK GARDENS 1993STUDENT John Chanta Koremane GRADE 6  
SUMMER SCHOOL TEACHER Kay Schorn - reading, Melvin Jayne - math

RATING SCALE: M=Mastery SP=Shows Progress NI=Needs Improvement

Listed below are selected skills targeted for instruction in summer school and feedback about the student's progress.

READING

1. Comprehension	<u>M</u>	6. Root Words/Affixes	<u>SP</u>
2. Vocabulary	<u>SP</u>	7. Punctuation	<u>M</u>
3. Main Idea	<u>M</u>	8. Capitalization	<u>M</u>
4. Sequence	<u>M</u>	9.	
5. Cause/Effect	<u>M</u>	10.	

Comments: John has done outstanding work in summer school. He has worked extremely hard. I'm very pleased with his progress. Vocabulary tends to be a weakness.

MATH

1. Geometry	<u>M</u>	6. Division	<u>SP</u>
2. Problem Solving	<u>SP</u>	7. Fractions	<u>SP</u>
3. Addition	<u>M</u>	8.	
4. Subtraction	<u>M</u>	9.	
5. Multiplication	<u>M</u>	10.	

## COMMENTS:

John had an excellent summer in math. He worked very hard to improve all his skills. I was especially pleased to see the progress in fractions and problem solving.

CHARLOTTE-MECKLENBURG  
TUCK  
TAYON HILLS  
GRADE 6

## STUDENT OBJECTIVE REPORT

CHARTHARUNHAN KOR

655420  
ASSE 12-03

OBJECTIVE	RIGHT/POSSIBLE	% RIGHT	NOT LVL
<b>SUBTEST D5</b>			
1/B DISTINGUISH FACT/FANTASY	2/2	100	+
1/H DISTINGUISH FACT/OPINION	0/2	0	-
1/T IDENTIFY IRONY	0/2	0	-
2/C USE EFFECTIVE TRANSITIONS	2/2	100	+
2/T INCLUDE SPECIFIC DETAILS	1/2	50	P
AVERAGE	6/10	50	60
<b>LITERATURE/READING SUBTEST</b>			
1/B DISTINGUISH FACT/FANTASY	3/3	100	+
1/D BIO/AUTOBIO/HIST. FICTION	2/3	67	P
1/E DISTINGUISH FACT/OPINION	1/3	33	-
1/G CONCLUDE AUTHOR'S MEANING	1/2	33	-
1/P DEFINE PERSONIFICATION	1/3	33	-
1/Q EXAMPLES/PERSONIFICATION	2/3	67	P
AVERAGE	10/18	56	17
<b>WRITING SUBTEST</b>			
2/D ADD SPECIFIC/VIVID DETAILS	0/3	0	-
2/E IMPROVE ORGANIZATION	1/3	33	-
2/F REFINE OPENING SENTENCES	1/3	33	-
2/G SENTENCE COMBINING STRAT.	0/2	0	-
2/H INCREASE ELABORATION	1/3	33	-
2/J PRONOUN/ANTECEDENT AGREEMENT	1/3	33	-
2/K CORRECT SENTENCE STRUCTURE	1/3	33	-
2/M STANDARD PUNCTUATION/SPELL	2/3	67	P
AVERAGE	7/24	29	0
<b>LANGUAGE, STRUCT/HISTORY SUBTEST</b>			
3/B TOTAL LITERAL MEANING/USE	1/3	33	-
3/D CONNOTATION	1/3	33	-
3/E MULTIPLE MEANING OF WORDS	0/3	0	-
3/F DEFINE USING CONTEXT CLUES	1/3	33	-
3/H IDENTIFY, DEFINE	2/3	67	P
3/H DEFINE ROOTS	2/3	67	P
AVERAGE	7/18	39	0
<b>STUDY SKILLS SUBJECT</b>			
6/A DICTIONARY/PARTS OF SPEECH	1/3	33	-
6/B IDENTIFY & LOCATE GLOSSARY	0/2	0	P
6/C USE GLOSSARY	1/2	50	-
6/F USE CHAPTER HEADINGS	0/2	0	-
AVERAGE	2/10	20	0
<b>SUBTEST D7</b>			
1/A CHARACT./SHORT STORY	0/2	0	-
1/G CHARACT., POETRY/BALLAD	0/2	0	-
2/D ARGUMENTATIVE/PERSUASIVE	1/2	50	P
2/H CORRECT VERB USAGE	1/2	50	P
2/O MISPLACED HOMOPHONES	0/2	0	-
AVERAGE	2/10	20	0

MASTERED

PARTIALLY MASTERED

NOT MASTERED

BATCH 930006-10

TEST DATE: 01/06/93

RUN DATE: 01/26/93

ID NUMBER: 0024730

COPY ID: 4

PAGE: 59

SUMMER SCHOOL PROGRESS REPORT

Math-Mr. Jaynes  
L.A./Reading--  
Mrs. Sehorn

NAME John Chantcha Koammane

Date July 9, 93

MATH S

LANGUAGE ARTS S

READING E

BEHAVIOR E

E-Excellent S-Satisfactory U-Insatisfactory

COMMENTS: John is doing outstanding work. I'm pleased with him. We are reading on my honor and a reading test will be given on July 13. Our first spelling test is today - July 9. Encourage him to read. (K. Sehorn - teacher) John is doing very well in math. He listens well and has performed well on quizzes.

Parent Signature J. Chantcha Koammane

SUMMER SCHOOL PROGRESS REPORT

Math-Mr. Jaynes  
L.A./Reading-  
Mrs. Sehorn

NAME John Chartha Lourane

Date July 16, 93

MATH S

LANGUAGE ARTS E

READING S

BEHAVIOR E

E-Excellent S-Satisfactory U-Unsatisfactory

COMMENTS: John has such potential! He made 100 on the spelling test and 85 on the reading test. Understanding of vocabulary words seems to be a weakness. It is important that John read as much as possible. He is a smart child. John needs to work hard on improving his multiplication skills. I am very pleased with his effort.

Parent Signature John Chartha Lourane

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

(John)  
Kosal Chanthakoumane

Student Grade 5 School Tryon Hills

## B. Date of Beginning and Duration of Special Education and Related Services

From: 5 26 93

To: 5 25 94

A. Present Level(s) of Performance  
(Summarize evaluation results including strengths and needs or behavioral weaknesses):

John has a mild bilateral sensori-neural hearing loss with moderate to severe loss in high frequencies. He wears aids during instruction and decoding strategies for successful listening - His language development is at his age level & his speech is understood.

John has a mild bilateral sensori-neural hearing loss with moderate to severe loss in high frequencies. He wears aids during instruction and decoding strategies for successful listening - His language development is at his age level & his speech is understood.

Short-Term Instructional Objectives in Measurable Terms	Evaluation Procedures (How)	Evaluation Schedule (When)	Date Attained (must be completed for each objective)
<p><b>Johnson (John) 5/11</b></p> <p>1) wear appropriate hearing protection at school</p> <p>2) seat himself 6-8' of the speaker in class</p> <p>3) use buddy system to assist reception of instruction</p> <p>4) ask for clarification when difficult understand - 08/14/93</p>	<p>Teacher Observation #I / Rg Ed conferences Progress Reports Data Sheet of contacts</p> <p>Student Log</p>	1x per mo.	

\*There must be short-term instructional objectives for each annual goal(s).

Use one sheet for each annual goal.

White: Cumulative Folder Yellow: Teacher Pink: Parent

Charlotte-Mecklenburg  
Local School Administrative UnitNo. #3  
DEC/Due Process  
8/93

## INVITATION TO CONFERENCE/PRIOR NOTICE

## Check Purpose

<input type="checkbox"/> Initial Placement	<input type="checkbox"/> Change in Placement
<input checked="" type="checkbox"/> Review	<input type="checkbox"/> Exit from Program
<input type="checkbox"/> Reevaluation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Transition	

Dear M/M Chanthakamman  
Re: Kosoul Chanthakamman (Student's Name)Date Sent 5/11/94

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss Kidson's special needs.

At this meeting, we would like to discuss one or more of the following:

- Ways to meet the educational needs of your child
- Evaluation results
- Develop or change the Individualized Education Program (IEP), Group Education Program (GEP).
- Change in placement
- Educational Setting
- Identification
- Develop or change the transition plan

The following people will be involved with the meeting:

Name	Position	Name	Position
<u>Mr. Reed</u>	<u>AT Teacher</u>		
<u>Mr. Detalco</u>	<u>IEP Rep</u>		
<u>B. Glueys</u>	<u>Teacher</u>		

The meeting is scheduled for (date) 5/25/94 at (time) 2:30, (place) Ranson. If this time is inconvenient, I will be happy to reschedule the meeting. Please call (phone) 343-6820. At this meeting, you are entitled to all the due process parental rights described in the Handbook of Parents' Rights.

Sincerely,

School-Based Committee Chairperson

School

## PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

- I will be present for the Conference.
- I cannot meet at this time, I will contact the school in order to arrange another time.
- I cannot meet at this time. Please contact me to arrange another time.

*Not returned  
by parent*

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\* PLEASE RETURN THIS FORM TO THE SCHOOL \*\*\*

2nd Notice 5/18/94 (Date) Type of Notice letter home (Date Received: 1/1/)

3rd Notice 5/23/94 (Date) Type of Notice phone call

\*Note: Retain a copy in child's folder.

White: Cumulative folder Yellow: Parent Pink: Notice Documentation

000144

303

1994-95

8<sup>th</sup>

Ranson Middle  
Torch-Higgenbotham

2530 Fort St.

Charlotte-Mecklenburg  
Local School Administrative UnitDEC 6 HCA  
7/92

## RECOMMENDATION/APPROVAL FOR PLACEMENT

Student: Kausoul (John) Chanthakoummane ID#: 0024730  
Address: 2530 Fort St. Charlotte 28205 Phone: 376-1815Date of Birth: 10-1-80 Age: 14 Sex: M Race: Asian Grade: 8Name of Parent/Guardian: Komninh + Phongsavouth ChanthakoummaneCheck Purpose:  Initial Placement  Reevaluation  Change in Placement/Setting  
 Other \_\_\_\_\_

School-Based Committee/Preschool Transition/Placement Committee

Date 5/10/95

SBC/PTP/PLC Committee Signature

We have reviewed all the required documentation including the IEP and

(a) do not recommend placement in the Hearing Impaired program,  
 (b) recommend continued placement,  
 (c) recommend a change in placement/setting to Resource from Regular, or  
 (d) recommend exit from the \_\_\_\_\_ program,  
 (e) recommend exit from \_\_\_\_\_ related service,  
 recommend addition of \_\_\_\_\_ related service.

Comments \_\_\_\_\_

Signature

Position

Jeff R. Blake  
Thomas Courtney  
Rose Knight  
Al Reddick  
Kathleen Murphy

EC teacher  
Psychologist  
AP  
SBC Chair  
APC Rep., if combined  
( approval  disapproval)

Administrative Placement Committee

Date 1/1

We have reviewed all required documentation including the IEP, and the recommendation of the School-Based Committee.

 Approval  Disapproval  Reconvene Committee  Other

Reason(s): \_\_\_\_\_

Signature

Position

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Charlotte-Mecklenburg  
Local School Administrative Unit

DEC 8/HCA  
12/91

## PRIOR NOTICE FOR REEVALUATION

Student: Kousoul Chanthakoummane

Date Sent: 3/21/95

School: Ranson Middle

Dear Mr. + Mrs. Chanthakoummane

Reevaluation of handicapped students must be completed every three years in order to determine whether or not a student continues to need a special education program. Reevaluation of AG students must be completed within three years of initial evaluation for a student who was identified prior to the second semester of the third grade. An AG student may also be reevaluated when performance indicates a need for such and/or when the program changes. The proposed reevaluations by qualified personnel will include the use of one or more tests to help determine his/her strengths and weaknesses. The test data and screenings described below may be needed:

### AREA

### INFORMATION

Physical Health	Vision, hearing, motor, medical screening/evaluation
Educational	Reading, mathematics and other subjects - group/individual assessments, achievement tests; observation
Psychological	Mental ability, emotional development, perceptual development, and adaptive behavior screening/evaluation
Social Appraisal	Social, personal, behavioral and developmental history
Communication Skills	Understanding and using spoken language - screening/evaluation
Intellectual	Group or individual intelligence tests
Other: Developmental (Preschool only)	Cognitive, fine motor, gross motor, self-help skills

A summary of the evaluations will be shared with you, and you are entitled to all the due process rights in the Handbook of Parents' Rights a copy/summary of which is attached. If you have any questions, please contact:

J. Blake  
(Name)

at Ranson Middle  
(School)

343-6800  
(Phone)

Note: A copy must be retained in the child's folder.

Charlotte-Mecklenburg  
Local School Administrative UnitDEC 3/HCA  
11/92

## SUMMARY OF EVALUATION RESULTS

Student: Kousoul (John) Chanthakoumane Grade: 8 Check Purpose  
 Initial  
 Reevaluation  
 Other: Change in Placement  
 School: Ranson Middle School

DATE	SCREENING INFORMATION	RESULTS (if fail, must include results)
<u>  /  </u>	Vision Screening	Pass/Fail Far R20/____ L 20/____ Near R20/____ L20/____ (LD only)
<u>  /  </u>	Hearing Screening	Pass/Fail ____ dB (Intensity level) ____ Hz (Frequencies)
<u>  /  </u>	Speech/Language Screening	_____
<u>  /  </u>	Motor Screening	_____
<u>  /  </u>	Health Screening	_____
<u>  /  </u>	Other: _____	_____

## DATE EVALUATION INFORMATION

<u>4/25/95</u>	Educational Evaluation	Test/Assessment: <u>Brigance</u>
	Results: <u>Math - 3rd Grade</u>	<u>Word Recognition - 10th Grade</u>
	<u>Vocabulary Comprehension - 3rd Gr.</u>	<u>Spelling - 10th Gr.</u>
<u>4/27/93</u>	Psychological Evaluation	Test: <u>WISC III</u>
	Results: <u>Verbal 88</u>	<u>Performance 107</u> <u>Full Scale 96</u>
<u>  /  </u>	Behavioral-Emotional Evaluation	Test: _____
	Results: _____	_____
<u>  /  </u>	Cognitive Evaluation	Test: _____
	Results: _____	_____
<u>  /  </u>	Speech-Language Evaluation	Test: _____
	Results: _____	_____
<u>  /  </u>	Adaptive-Behavior Evaluation	Test: _____
	Results: _____	_____
<u>  /  </u>	Medical Evaluation/Health Evaluation	Test: _____
	Results: _____	_____
<u>  /  </u>	Other: _____	Test/Assessment: _____
	Results: _____	_____

## SUMMARY OF EVALUATION RESULTS/PRESENT LEVEL OF PERFORMANCE

Strengths: Whole Number Calculations, Word Recognition, Spelling

Needs: Calculating with fractions, decimals, solving equations  
organizational skills

Actual copies of evaluation reports must be placed in child's folder.

Parent Copy sent/given 5/9/95

White: EC folder Yellow: Parent's copy

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CHARLOTTE-MECKLENBURG  
School Administrative Unit

DEC 5/HCA

8/93

(Part 2)

## INDIVIDUALIZED EDUCATION PROGRAM/SERVICE DELIVERY PLAN

(To be completed after the IEP is developed)

Student: Kousoul (John) Chanthakoummane  
School: Ranson Middle School

## Check Purpose:

Initial Entry  
 Annual Review  
 Reevaluation

Change in Placement  
 Other: \_\_\_\_\_

I. AREA OF IDENTIFICATION (ELIGIBILITY) (mark only primary condition)\*

Academically Gifted  Other Health Impaired  
 Autistic  Specific Learning Disabled  
 Behaviorally-Emotionally Handicapped  Speech-Language Impaired  
 Deaf-Blind  Traumatic Brain Injured  
 Hearing Impaired  Visually Impaired  
 Mentally Handicapped  Preschool Developmentally Delayed  
 EMH  S/PMH  TMH  
 Multihandicapped  
 Orthopedically Impaired

## II. RELATED SERVICES

Audiology  
 Counseling Services  
 Occupational Therapy  
 Physical Therapy  
 Speech-Language  
 Transportation  
 Other: \_\_\_\_\_

 None

\*Child meets the eligibility criteria of the State Board of Education and is in need of special education.

## III. LEAST RESTRICTIVE ENVIRONMENT (PLACEMENT)

## A. Amount of Time in Exceptional Education:

Type of Service	Sessions Per Wk./Mo./Yr.	Min. Per Session	Hours Per Wk.
Consultation HI	1x per month	30	
Direct Special Education	10	50	8.33
Related Services			

## B. Continuum of Services: Check the services considered by the committee, and circle the decision reached. Give reason(s) for the decision reached. A continuum of services must be considered.

Regular - Less than 21% of day (up to 1 hr. 15 min.)  
 Resource - 21% - 60% of day (1 hr. 15 min. to 3 hrs. 30 min.)  
 Separate - 61% or more of day (more than 3 hrs. 30 min.)  
 Public Separate School - 100%

Private Separate School - 100%  
 Public Residential - 100%  
 Private Residential - 100%  
 Home/Hospital - 100%

## Preschool NA

Regular\* - Up to 6 hours per week  
 Resource\* - 6 to 12 hours per week  
 Separate\* - more than 12 hours per week  
 Public Separate School - 100%

Private Separate School - 100%  
 Public Residential - 100%  
 Private Residential - 100%  
 Home/Hospital - 100%  
 Home/Family - minimum 1 hour per week

\*Applicable only in a classroom setting

## Agency: Check where the student is receiving special services.

1. LEA/School in Attendance Area  
 2. LEA/School Not in Attendance Area

3. Another LEA  
 4. Other \_\_\_\_\_

The committee reviewed the full continuum of services, considered those checked above, and selected this setting because: John needs the one-on-one and small group instruction provided in a Resource model to be more successful in school. He will attend EC study skills and EC math along with consultative services from the HI teacher. John's hearing impairment has caused gaps and a delay in his math skill development. 000149

CHARLOTTE-MECKLENBURG - Local School Administrative Unit

DEC 5/HCA  
8/93

(Part 2 continued)

C. Regular Program Participation: Circle the regular class(es) in which the student is enrolled and list the letter(s) for any modification(s) in the blank provided.

Reading	<input checked="" type="checkbox"/> a, n	Language Arts	Vocational	Recess
Math	<input checked="" type="checkbox"/> a, n	Spelling	Library	Other
Health	<input checked="" type="checkbox"/> a, n	Social Studies	Chapter I	For. Lang.
Writing	<input checked="" type="checkbox"/> a, n	Economics	Homeoom	Remediation
History	<input checked="" type="checkbox"/> a, n	Physical Education	Lunch	
Science	<input checked="" type="checkbox"/> a, n	Music/Art	Assemblies	

Appropriate Classroom Modification(s), If any: a, n

- a. Grading
- b. Peer Tutoring
- c. Oral Test
- d. Abbreviated Assignments
- e. Alternative Materials
- f. Extended Test Time (Tchr. Test)
- g. Large Print Books
- h. Audio Tapes
- i. Tape Recorder
- j. Interpreter
- k. Auditory Trainer
- l. Assistive Devices
- m. Computer/Typewriter/Word Processor
- n. Other preferential seating

For preschool children describe how the child is involved in a regular program: NA

IV. Transition services have been considered and: NA

Transition plan is attached.

Services are stated in the IEP.

V. N.C. TESTING PROGRAM: Modifications Needed  Yes (See part III)  No

VI. IS ADAPTED PHYSICAL EDUCATION REQUIRED?  Yes  No

VII. EXTENDED SCHOOL YEAR (ESY) STATUS:

Is not eligible for ESY.

Is eligible for ESY (See goal sheet).

Eligibility is under consideration and will be determined by \_\_\_\_\_ (date)

VIII. IEP COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the IEP:

Signatures	Position	Date
<u>John P. Black</u>	LEA Representative	<u>5-9-95</u>
<u>Michele Thompson</u>	Student's Teacher	<u>5-9-95</u>
<i>*parent did not show for conference</i>	<i>Parent #3 attempt noted on conference letter</i>	
<u>Mande P. Cantrell</u>	Teacher of the Hearing Impaired	

IX. IEP ADDENDUM COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the addendum:

Signatures	Position	Date
	LEA Representative	
	Student's Teacher	
	Parent	

X. This IEP was reviewed following reevaluation and was found to be appropriate. An annual review of this IEP will be concluded on or before 1/1/.

Signatures	Position	Date
	LEA Representative	
	Student's Teacher	
	Parent	

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Charlotte-Mecklenburg  
Local School Administrative Unit

DEC/SHCA  
8/93(Part 1)

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

**Student:** John Chanthakoummane

**Grade:** 8

**School:** Ranson Middle School

**A. Present levels of Performance (Summarize evaluation results including strengths and needs or behavioral weaknesses):**

**Strengths:** works cooperatively in a one-on-one situation

**Needs:** task completion, time management, organizational skills

**B. Date of Beginning and Duration of Special Education and Related Services**

**From:** 5-11- (month) (day) (year)  
**To:** 5-10- (month) (day) (year)

**C. Annual Goal:**  
Given direct instruction by an EC teacher, John will improve his study skills in the areas of task completion, time management, and organizational skills.

Short-Term Instructional Objectives In Measurable Terms	Evaluation Process (How)	Evaluation Schedule (When)	Date Attained (must be completed for each obj)
1) Given an assignment sheet, John will list all assignments on that sheet 100% of the time.	1) Participation grades Assignment sheet check	1) 9-25-95 1-25-96 end of IEP year	9-25-95 Completed
2) Given a specific block of time, John will manage the time to expedite the completion of required tasks with 90% accuracy.	2) Making work schedules Goal-prioritizing activities	2) 9-25-95 1-25-96 end of IEP year	9-25-95 1-25-96 Completed
3) Given an organizational format, John will keep an organized notebook divided by subjects to maintain classnotes, handouts, and quizzes with 80% accuracy.	3) Weekly Notebook Checks Improved Grades Participation Grade	3) 9-25-95 1-25-96 end of IEP year	9-25-95 Completed

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There must be short-term instructional objectives for each annual goal. Use one sheet for each goal. There must be present level of performance documentation to support each annual goal. Reviewed by CTR John

DECS/HCA  
893(Part 1)  
**INDIVIDUALIZED EDUCATION PROGRAM (IEP)****Student:** John Chanthakoummane**Grade:** 8**School:** Ranson Middle School**Present Levels of Performance (Summarize evaluation results including strengths and needs or behavioral weaknesses):****Strengths:** Knows classroom expectations**Needs:** maintain self-control, improve classroom compliance, and complete required assignments**B. Date of Beginning and Duration of Special Education and Related Services**

**From:** 5 - 11 - 95  
(month) (day) (year)

**To:** 5 - 10 - 96  
(month) (day) (year)

**C. \* Annual Goal:**

Given direct instruction from the EC teacher and classroom structure and support from his regular class teachers, John will improve his classroom compliance, maintain self-control, and complete task when assigned.

Short-Term Instructional Objectives In Measurable Terms	Evaluation Process (How)	Evaluation Schedule (When)	Date Attained (must be completed for each obj.)
1) Given classroom structure and verbal support by teacher, John will maintain self-control and comply with established classroom procedures 90% of the time.	1) Teacher Observation Student Demonstration of task	1) 9-25-95 1-25-96 end of IEP year	9-25-95 1-25-96 1-25-96 Exp
2) When given an assignment in class, John will work on the assignment until it is completed or for the specified duration 95% of the time.	2) Class Record Book Student Demonstration of task	2) 9-25-95 1-25-96 end of IEP year	9-25-95 1-25-96 1-25-96 Exp
3) While at school, John will report to his classes on time and remain for their duration 100% of the time.	3) Class Record Book	3) 9-25-95 1-25-96 end of IEP year	9-25-95 1-25-96 1-25-96 Exp

Charlotte-Mecklenburg  
Local School Administrative Unit

DEC5MHC  
893(Part 1)

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

**Student:** John Chanthakoummane

**Grade:** 8

**School:** Ranson Middle School

**Present Levels of Performance (Summarize evaluation results including strengths and needs or behavioral weaknesses):**

Strengths: Able to do most whole number calculations

Needs: addition, subtraction, and multiplication of decimals. computation of fractions having like denominators, solving simple equations

**B. Date of Beginning and Duration of Special Education and Related Services**

**From:** 5 - 11 - 95  
(month) (day) (year)

**To:** 5 - 10 - 96

(month) (day) (year)

**C. \* Annual Goal:**  
When given direct instruction by the EC teacher, John will improve his math skills in the areas of operations of decimals, computation of fractions having like denominators, and solving simple equations.

Short-Term Instructional Objectives In Measurable Terms	Evaluation Process (How)	Evaluation Schedule (When)	Date Attained (must be completed for each obj.)
1) Given 20 addition and/or subtraction of decimals problems, John will solve the problems with 80% accuracy.	1) Teacher-made Assessment	1) 9-25-95 1-25-96	9-25-95
2) Given 20 multiplication and/or division of decimals problems, John will solve the problems with 80% accuracy.	2) Teacher-made Assessment	2) 9-25-95 1-25-96	9-25-95
3) Given 20 addition/subtraction/mult. and/or division of fractions having like denominators problems, John will solve the problems with 80% accuracy.	3) Teacher-made Assessment	3) 1-25-96 end of IEP year	1-25-96
4) Given 10 simple equations, John will solve the equations with 80% accuracy.	4) Teacher-made Assessment	4) 1-25-96 end of IEP year	1-25-96

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312 There must be short-term instructional objectives for each annual goal. Use one sheet for each goal. These must be present for each goal. Documentation to support each annual goal. Reviewed by CT Karen

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student John ChanthakoumanGrade 8 School RansonA. Present Level(s) of Performance  
(Summarize evaluation results including strengths and needs or behavioral weaknesses):

John has a mild bilateral sensori-neural hearing loss with moderate to severe in the high frequencies. He misses information and needs to develop independent strategies. Signal discrimination skills are stronger. John is a pleasant student.

B. Date of Beginning and Duration of Special Education and Related Services  
From: 5 - 11 - 95  
To: 5 - 10 - 96  
(month) (day) (year)

C. Annual Goal(s): John consults with management strategies by the teacher

① The Hearing Impaired John will maximize auditory reception by the curriculum and develop used strategies independently.

Short-Term Instructional Objectives in Measurable Terms	Evaluation Procedures (How)	Evaluation Schedule (When)	Date Attained (must be completed for each objective)
<p>① John will independent/simultaneously from the speaker to improve signal to noise ratio 80% of the time.</p> <p>② ask for clarification from the teacher/ "buddy" if he doesn't understand directions or assignment using a predetermined signal 80% of the time.</p>	<p>Teacher assigned Test - Student/HT Teacher assigned Ed conferences Progress Reports Progress Reports</p> <p>Progress Reports</p>	<p>6-2-95, 9-21-95 1-22-96, 4-29-96</p> <p>6-2-95, 9-21-95 1-22-96, 4-29-96</p>	<p>6-2-95 9-21-95 1-22-96, 4-29-96</p>

There must be short-term instructional objectives for each annual goal(s). Use one sheet for each annual goal.

White: EC Folder    Yellow: Parent    Pink: Teacher

Rev. 6

000154

Charlotte-Mecklenburg  
Local School Administrative UnitNo. #3  
DEC/Due Process  
8/93

## INVITATION TO CONFERENCE/PRIOR NOTICE

## Check Purpose

Initial Placement  
 Review  
 Reevaluation  
 Transition

Change in Placement  
 Exit from Program  
 Other: \_\_\_\_\_

Dear Mr. & Mrs. Chanthakoummane:  
 Re: Kousoul (John) Chanthakoummane (Student's Name)

Date Sent 4/26/95

For a child to receive the education he/she needs, it is important for the school and the parents to work together. We are requesting that you attend a conference to discuss John's special needs.

At this meeting, we would like to discuss one or more of the following:

Ways to meet the educational needs of your child  
 Evaluation results  
 Develop or change the Individualized Education Program (IEP), Group Education Program (GEP).  
 Change in placement  
 Educational Setting  
 Identification  
 Develop or change the transition plan

The following people will be involved with the meeting:

Name	Position	Name	Position
<u>J. Blake</u>	<u>LEA Rep</u>		
<u>D. Higginbotham</u>	<u>EC teacher</u>		
<u>M. Cartrell</u>	<u>Teacher of HI</u>		

The meeting is scheduled for (date) May 9, at (time) 8:00 AM, (place) Ranson Middle School. If this time is inconvenient, I will be happy to reschedule the meeting. Please call (phone) 343-6800. At this meeting, you are entitled to all the due process parental rights described in the Handbook of Parents' Rights.

Sincerely,

J. Blake  
School-Based Committee Chairperson LEA Rep.

Ranson Middle  
School

## PLEASE CHECK ONE, SIGN, AND RETURN TO SCHOOL:

I will be present for the Conference.  
 I cannot meet at this time, I will contact the school in order to arrange another time.  
 I cannot meet at this time. Please contact me to arrange another time.

Parent/Guardian Signature X - K. Cartrell

Date 5-4-95

\*\*\* PLEASE RETURN THIS FORM TO THE SCHOOL \*\*\*

2nd Notice 4/27/95 (Date) Type of Notice Home Visit (C.I.S.)

(Date Received: 5/4/95)

3rd Notice 5/8/95 (Date) Type of Notice Phone Call

000155

\*Note: Retain a copy in child's folder.

White: Cumulative folder

Yellow: Parent

Pink: Notice Documentation

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**Database Update  
Exceptional Children  
Charlotte-Mecklenburg Schools**

0104.95  
8/94

Initial  
 Reevaluation  
 Change of Setting

Change of Exceptionality  
 Dropped Out  
 Change in Points

<input type="checkbox"/> Date: _____	Exit: <input type="checkbox"/> Aged Out <input type="checkbox"/> Declassified <input type="checkbox"/> Legal Mandate <input type="checkbox"/> No Placement <input type="checkbox"/> Parent Request <input type="checkbox"/> Released by Court	<input type="checkbox"/> Died <input type="checkbox"/> Dropped Out <input type="checkbox"/> Expelled <input type="checkbox"/> Graduation Certificate <input type="checkbox"/> Graduation Diploma <input type="checkbox"/> Promoted, but No-Show <input type="checkbox"/> Transferred
--------------------------------------	--	--

ID Number 0024730  
 Student Name Kousoul Chanthakoummane  
 Evaluation Date 5-10-95 5-26-93

School Ranson  
 Date Submitted 5-10-95  
 Submitted by J. Blake

**I. Exceptionality**

Autistic (AU)  
 Behaviorally/Emotionally Handicapped  
 Deaf/Blind (DB)  
 Hearing Impaired (HI)  
 Mentally Handicapped  
 [ ] EMH  TMH  S/P  
 Multihandicapped (MU)

Orthopedically Impaired (OI)  
 Other Health Impaired (OH)  
 Specific Learning Disa. (LD)  
 \*Speech-Language Impaired (SI)  
 Traumatic Brain Injured (TBI)  
 Visually Impaired (VI)  
 Willie M.

**II. Setting**

Regular (RG)  
 Resource (RS)  
 Separate (SE)  
 Public Separate School (SD)

Private Separate School (SP)  
 Public Residential Facility (PR)  
 Private Residential Facility (VR)  
 Home/Hospital (HH)  
 Home Family (HF)

**III. Related Services**

None  
 Audiology  
 Counseling Services  
 Occupational Therapy  
 Physical Therapy  
 Orientation/Mobility

Date: \_\_\_\_\_  
 \*Speech/Language  
 Transportation  
 Academically Gifted  
 Hearing Impaired  
 Visually Impaired  
 Interpreter

**IV. Speech/Language Information**

Disorder:  
 pts. Language  
 pts. Articulation  
 pts. Fluency  
 pts. Voice  
 Speech Score pte

Date: \_\_\_\_\_  
**V. Language:**  
 E-English  
 N-Non-English  
 Signing

**VI. Reading Medium:**

A-Auditory Reader  N-Non Reader  
 B- Braille Reader  P- Pre-Reader

Date: \_\_\_\_\_  
 V-Visual Reader

White: To be picked up by Coordinating Teacher      Yellow: EC Folder

000156



Student Kosoul ChanthaboumraoGrade 8 School Ranson Middle

## A. Present Level(s) of Performance

(Summarize evaluation results including strengths and needs or behavioral weaknesses):

Strengths - writing down assignments, coming to class prepared with notebook, paper, and pencil

Needs - organizational skills, turning in required assignments

D.

Short-Term Instructional Objectives  
in Measurable TermsEvaluation Procedures  
(How)Evaluation Schedule  
(When)Date Attained  
(must be completed  
for each objective)

<p>① Given an organizational format, Kosoul will maintain a separate notebook with dividers for each class and keep them organized by sections for classmates, classwork, homework etc. as specified by content area teachers with 98% accuracy.</p> <p>② When given assignments from content area teachers, Kosoul will come to EC study skills class with those unfinished and/or difficult assignments for assistance and work on those assignments 80% of the time.</p>	<p>① Weekly monitoring by EC teacher and recorded on log.</p> <p>② Teacher logs Grade Book</p>	<p>① Dec. 15, 1994 March 15, 1995 End of IEP year</p> <p>② Dec. 15, 1994 March 15, 1995 End of IEP year</p>
---	--	---

B. Date of Beginning and Duration of Special Education and Related Services

From: 10 - 11 - 94  
(month) (day) (year)

To: 5 - 24 - 95  
(month) (day) (year)

c. Annual Goal(s) Given direct instruction and assistance from the EC resource teacher and monitoring from the reg. content teachers and with increased time to complete assignments that EC study skills class will provide, Kosoul will improve his organizational skills and increase the frequency of handing in his assignments.

\*These must be short-term instructional objectives for each annual goal(s).

Use one sheet for each annual goal.

White: Cumulative Folder

Yellow: Teacher

Pink: Parent

ROTT KLENB.  
School AdministrativeDEC 5 1994  
8/93  
(Part 1)

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student <u>Khosoul Chanthakhamman</u>	B. Date of Beginning and Duration of Special Education and Related Services		
Grade <u>7</u>	From: <u>5</u>	25	94
School <u>Rancho</u>	(month)	(day)	(year)
A. Present Level(s) of Performance (Summarize evaluation results including strengths and needs or behavioral weaknesses):	To: <u>5</u>	24	95
To: <u>(month)</u> <u>(day)</u> <u>(year)</u>			
<p><u>Khosoul has a mild bilateral sensory-c. visual hearing loss with moderate to severe loss in high frequencies. This results in "missed information".</u></p> <p><u>He has need to strengthen compensatory strategies. Khosoul is stronger in the area of visual discrimination.</u></p>			
<p><u>Visual will:</u></p> <p><u>① seat himself 6-8' from the speaker &amp; away from competing noise, in each academic class, 90% of the time daily.</u></p> <p><u>② Khosoul will use the buddy system - collaboration - collaboration - teacher reports</u></p> <p><u>③ supplement reception of instruction between Regular and Resource teacher in each class period of the time</u></p> <p><u>④ keep up with independently set up class instruction &amp; assignments &amp; specific in 3 out of 5 instances and needed in each class daily.</u></p>			
Short-Term Instructional Objectives in Measurable Terms	Evaluation Procedures (How)	Evaluation Schedule (When)	Date Attained (must be completed for each objective)
	- Student demonstration of task	Sept. 30, 1994	on going 9-30-94
	- Teacher reports	Dec. 16, 1994	on going 12-16-94
	- Collaboration between Regular & RT teacher	March 24, 1995	on going 3-24-95
		May 27, 1995	on going 4-26-95

\*There must be short-term instructional objectives for each annual goal(s). Use one sheet for each annual goal.  
These must be present level of performance documentation to support each annual goal.

White: EC Folder

Yellow: Parent

Pink: Teacher

## INDIVIDUALIZED EDUCATION PROGRAM/SERVICE DELIVERY PLAN

(To be completed after the IEP is developed)

Student: Kousoul Chanthabourman

## Check Purpose:

Initial Entry  
 Annual Review  
 Reevaluation

Change in Placement  
 Other: \_\_\_\_\_

School: Ranson MiddleAddendum to add EC Study Skills 10-5-1

I. AREA OF IDENTIFICATION (ELIGIBILITY) (mark only primary condition)\*

<input type="checkbox"/> Academically Gifted	<input type="checkbox"/> Other Health Impaired
<input type="checkbox"/> Autistic	<input type="checkbox"/> Specific Learning Disabled
<input type="checkbox"/> Behaviorally-Emotionally Handicapped	<input type="checkbox"/> Speech-Language Impaired
<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Traumatic Brain Injured
<input checked="" type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Visually Impaired
<input type="checkbox"/> Mentally Handicapped	<input type="checkbox"/> Preschool Developmentally Delayed
<input type="checkbox"/> EMH <input type="checkbox"/> S/PMH <input type="checkbox"/> TMH	
<input type="checkbox"/> Multihandicapped	
<input type="checkbox"/> Orthopedically Impaired	

## II. RELATED SERVICES

Audiology  
 Counseling Services  
 Occupational Therapy  
 Physical Therapy  
 Speech-Language  
 Transportation  
 Other: \_\_\_\_\_

None

\*Child meets the eligibility criteria of the State Board of Education and is in need of special education.

## III. LEAST RESTRICTIVE ENVIRONMENT (PLACEMENT)

## A. Amount of Time in Exceptional Education:

Type of Service	Sessions Per Wk./Mo./Yr.	Min. Per Session	Hours Per Wk.
Consultation <u>HC</u>	<u>Twice/month</u>	<u>30</u>	
Direct Special Education	<u>5 per week</u>	<u>45</u>	<u>3.75 hrs</u>
Related Services			

## B. Continuum of Services: Check the services considered by the committee, and circle the decision reached. Give reason(s) for the decision reached. A continuum of services must be considered.

Regular - Less than 21% of day (up to 1 hr., 15 min.)  Private Separate School - 100%  
 Resource - 21% - 60% of day (1 hr. 15 min. to 3 hrs. 30 min.)  Public Residential - 100%  
 Separate - 61% or more of day (more than 3 hrs. 30 min.)  Private Residential - 100%  
 Public Separate School - 100%  Home/Hospital - 100%

Preschool  
 Regular\* - Up to 6 hours per week  Private Separate School - 100%  
 Resource\* - 6 to 12 hours per week  Public Residential - 100%  
 Separate\* - more than 12 hours per week  Private Residential - 100%  
 Public Separate School - 100%  Home/Hospital - 100%  
 Home/Family - minimum 1 hour per week

*\*Applicable only in a classroom setting*

Agency: Check where the student is receiving special services.

1. LEA/School in Attendance Area  3. Another LEA  
 2. LEA/School Not in Attendance Area  4. Other \_\_\_\_\_

The committee reviewed the full continuum of services, considered those checked above, and selected this setting because: *Kousoul needs continued consultative services to help him develop stronger organizational and auditory comprehension & listening skills. He also needs the assistance of the EC Resource model study skills class in order to be more successful in his core classes.*

000160

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CHARLOTTE-MECKLENBURG - Local School Administrative Unit

DEC 5/HCA  
8/02

(Part 2 continued)

C. Regular Program Participation: Circle the regular class(es) in which the student is enrolled and list the letter(s) for any modification(s) in the blank provided.

Reading	<input checked="" type="checkbox"/>	Language Arts	<input checked="" type="checkbox"/>	Vocational	<input checked="" type="checkbox"/>	Recess
Math	<input checked="" type="checkbox"/>	Spelling	<input checked="" type="checkbox"/>	Library	<input checked="" type="checkbox"/>	Other
Health	<input checked="" type="checkbox"/>	Social Studies	<input checked="" type="checkbox"/>	Chapter 1	<input checked="" type="checkbox"/>	For. Lang.
Writing	<input checked="" type="checkbox"/>	Economics	<input checked="" type="checkbox"/>	Homeoom	<input checked="" type="checkbox"/>	Remediation
History	<input checked="" type="checkbox"/>	Physical Education	<input checked="" type="checkbox"/>	Lunch	<input checked="" type="checkbox"/>	
Science	<input checked="" type="checkbox"/>	Music/Art	<input checked="" type="checkbox"/>	Assemblies	<input checked="" type="checkbox"/>	

Appropriate Classroom Modification(s), if any:

- a. Grading
- b. Peer Tutoring
- c. Oral Test
- d. Abbreviated Assignments
- e. Alternative Materials
- f. Extended Test Time (Tchr. Test)
- g. Large Print Books
- h. Audio Tapes
- i. Tape Recorder
- j. Interpreter
- k. Auditory Trainer
- l. Assistive Devices
- m. Computer/Typewriter/Word Processor
- n. Other preferential seating

For preschool children describe how the child is involved in a regular program: N/AIV. Transition services have been considered and: N/A Transition plan is attached. Services are stated in the IEP.V. N.C. TESTING PROGRAM: Modifications Needed  Yes (See part III)  NoVI. IS ADAPTED PHYSICAL EDUCATION REQUIRED?  Yes  NoVII. EXTENDED SCHOOL YEAR (ESY) STATUS: Not Is not eligible for ESY. DRB Is eligible for ESY (See goal sheet). Eligibility is under consideration and will be determined by \_\_\_\_\_ (date)

VIII. IEP COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE

The following were present and participated in the development and writing of the IEP:

Signatures	Position	Date
<u>Leah Johnson</u>	LEA Representative	<u>5/25</u>
<u>B. Bellamy</u>	Student's Teacher	<u>5-25</u>

\*parent did not show for conference after 3 attempts documented or  
Melanie J. Parcell Student's Teacher 5

IX. IEP ADDENDUM COMMITTEE/PRESCHOOL TRANSITION/PLACEMENT COMMITTEE to add studi

The following were present and participated in the development and writing of the addendum:

Signatures	Position
<u>Melanie J. Parcell</u>	LEA Representative
<u>Jill R. Blake</u>	Student's Teacher
<u>*did not show for conference</u>	Parent
<u>letter has 3 attempts documented</u>	

X. This IEP was reviewed following reevaluation and was found to be appropriate. An annual review of this IEP will be conducted \_\_\_\_\_ or before \_\_\_\_\_.

Signatures	Position
<input type="checkbox"/>	LEA Representative
<input type="checkbox"/>	Student's Teacher
<input type="checkbox"/>	Parent

000161

DATE: 10/27/95

TO: Eastway Middle 1<sup>ST</sup> QUARTER 1995-96 YEAR

STUDENT: Kosoul John Chonthakosamone (DOB - )

AT GATLING FROM 8/28/95 - 9/6/95 and 10/1/95 TO 10/27/95

TOTAL DAYS OF ATTENDANCE: 12 A

GRADES ACHIEVED AT GATLING:

LANGUAGE ARTS/ENGLISH A

MATH B

SCIENCE A

SOCIAL STUDIES/DECISIONS B

Health A

Computer Studies A

Reading A

COMMENTS: \_\_\_\_\_

BEHAVIOR: Satisfactory

Attendance Calculated  
through 10/27/95

TEACHERS --

GARY KILLIAN

PENNY GREENWOOD <sup>PPS</sup>

CHARLOTTE-MECKLENBURG SCHOOLS

COURIER #642

875-2922 - GATLING JDC

## Exhibit 3

### Affidavit of Constance Lesesne

**AFFIDAVIT**

**BEFORE ME, THE UNDERSIGNED AUTHORITY, on this date personally appeared Constance Lesesne who upon his oath does hereby swear and affirm that the following statements are true and correct:**

1. My name is Constance Lesesne. I am a career teacher. I retired from teaching, came back for one year and then went back into retirement. I taught at Tryon Hills Elementary back in the 1990's. It was a school that served primarily low income children.
2. I taught Kosoul Chanthakouummane in the fourth grade, back in 1990. I remember him clearly. I can almost see him. He was always more to himself than anything. He was calm and quiet. He functioned below grade level. He seemed to me to understand English better than he spoke it. His speech was choppy. I remember that he did not like being picked at.
3. Kosoul did not seem to interact much with the other children. He had maybe a few friends. He was just mostly quiet and to himself. If you aggravated him, he might lash out. Otherwise, he was no problem.
4. I remember that he wanted to do things with the other students. He had that acceptance thing. He was more of a follower than a leader, in every sense of the word. He might get into little pranky things if someone else initiated it. He would fall into it, but not initiate it. I cannot remember him ever acting like a bully or trying to control the other children.
5. I had very little contact with his parents that I recall. There was a language barrier. I think I may have seen the dad on one occasion when he came for a parent conference.
6. I remember Kosoul after all these years partly because of his name. I could never pronounce it! And he was such a quiet child, unusually quiet. Children like that often have things going on that they don't talk about. I worried about him.

7. This is the first time anyone has contacted me about Kosoul. If they had contacted me, I would have shared this information with them. If subpoenaed, I would have been available at trial.

STATE OF NORTH CAROLINA  
COUNTY OF MECKLENBURG

Constance Lesesne

2-28-10

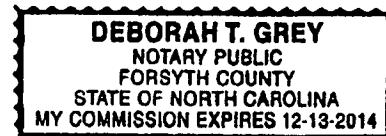
SUBSCRIBED AND SWORN BEFORE ME, the undersigned Notary Public, on this the 28<sup>th</sup> day of February 2010.

Deborah T. Gray

Notary Public in and for  
The State of North Carolina

12-13-2014

My commission expires



## Exhibit 4

### Affidavit of Marty Sloan-Clontz

**AFFIDAVIT**

**BEFORE ME, THE UNDERSIGNED AUTHORITY, on this date personally appeared Marti Sloan-Clontz who upon his oath does hereby swear and affirm that the following statements are true and correct:**

- 1. My name is Marti Sloan-Clontz and I am an audiologist with the Charlotte Mecklenburg School system. Before becoming an audiologist, I was a speech pathologist for nineteen years. I was working in the school system when Kosoul Chanthakouummane was a student and the records show that I tested his hearing in the fourth fifth and sixth grades, around 1990 to 1993.**
- 2. The school system had a system for screening and identifying children with problems hearing. The CMS system screened children for hearing and vision when they first came to school (kindergarten or first grade) as well as screened them if they were new to the school system. This initial screening was a mass screening, done in the school. If the child failed that screening beyond a certain level, they were then referred to the "CMS Audiology" which was the Charlotte Mecklenburg Schools Audiology Department. The child was brought into my office at that point, where a more sophisticated screening took place in the booth.**
- 3. I could make recommendations for accommodations, but I could not recommend hearing aids. That recommendation had to come from an ENT, a medical doctor. I would make a referral to an ENT if I felt hearing aids were indicated.**
- 4. The records show that Kosoul has a bilateral sensori-neural hearing loss that is moderate to severe in the higher frequencies. There are two types of hearing**

loss: conductive and sensorineural. The conductive type is in the middle ear and most frequently comes from having numerous ear infections or fluid in the ears. Sensorineural hearing loss is in the inner ear, is often associated with aging and usually has nothing to do with ear infections. Once you have this type of hearing loss you will have it forever. This type of hearing loss can be genetic. It can come from exposure to extremely loud noises. It can occur in people who have had chemotherapy. Less likely, it could have come from numerous ruptures of his eardrum. I see from my notes in his record that the otological exam showed reddened and scarred tympanic membranes. This would indicate a history of ruptures.

5. The type of hearing loss that Kosoul had would have caused difficulties picking up on high frequency sounds like "s" and "th". The "s" gives you both plurality and possession, which has bearing on being able to hear and therefore understand these concepts. With Kosoul's type of hearing loss, he would be able to hear most vowel sounds but few consonant sounds. Speech to him would sound muffled, distorted and confusing. Of course, it also has a bearing on learning how to form and use these words when learning language. Kosoul was also learning a second language, which could potentially create further difficulties. The hearing loss could cause problems with learning language as well as delaying speech. Language in turn affects how we understand the world and how we connect with other people. It certainly affects a child's self esteem when it comes to feeling different from classmates. Among the ways children are effected is being ridiculed or teased for speech that is hard to understand or different; for not being able to understand things; and from not being able to hear and therefore not be able to learn at the same speed as classmates. For Kosoul, these difficulties would have been compounded by English being a second language on top of his hearing impairment.

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MSU

6. Children with this type of hearing difficulty are affected socially in other ways. They have problems misunderstanding what others may say and so may try to hold back from the situation in order to better attempt to assess what is going on. It is kind of like having a bubble over you with a lot of things going over and around you. This can lead to children not being fully engaged in the moment. Every child is different in terms of how they respond to this type of situation. It depends upon their background, their supports, and their temperament. Some will become frustrated at being so unable to grasp or understand what others seem to get so easily and they make act out. Others may withdraw. When I knew him, Kosoul was a very unhappy and withdrawn little boy. In my years of working with children from different countries, I have also seen that there are differing cultural responses to deafness. There is sometimes a fear that leads parents to refuse services. Among Asian populations, parents often do not want to hear that there is a hearing loss from the belief it makes you less of a person.
7. I remember Kosoul well. One of the main reasons I remember him is that the school people could not pronounce his name and so they changed it to John. Neither he nor his parents were consulted about this and I felt horrible about it, it made me furious. That sort of thing would never happen these days. I made an effort to learn how to pronounce both of his names and to call him by name.
8. I remember Kosoul as a very shy and very unhappy boy. I think I remember him because he was such a pitiful little guy. The first intervention that we tried with Kosoul was an FM system. This involved Kosoul wearing an FM receiver around his neck with earphones and the teacher wearing a microphone. The device was big, obvious- it made him stand out. Kosoul seemed to hate it and I think he was very unhappy about having to wear that receiver. Now the receiver and hearing aids are tiny but back then they were great big old things. Kosoul would withdraw or pull back when he saw me coming. I think he associated me with

having to wear the device. The receiver would be yet another thing that would make him feel like he did not fit in, that he was different.

9. While I did audiograms on Kosoul, I could not recommend hearing aids so I referred him to an ENT who did recommend the hearing aids. Back then, hearing aids were bigger and more obvious than they are now. It is not at all uncommon for children to not want to wear their hearing aid. Children don't want to do anything that will make them stand out as different.
10. I remember Kosoul for another reason. I examined his ears on one occasion and one of the ears appeared to be quite packed with blackened wax. The wax was so hardened that I couldn't get it out. I remember that I tried to get the parents to take him to the doctor and they didn't do it. I had to initiate a referral for the school to take him to the doctor, which would have taken weeks. I later learned after he had been taken to the doctor that he had had a dead cockroach in his ear. Most likely the roach was alive when it crawled into his ear and then couldn't back its way out. It likely would have scurried around in his ear trying to get out. It would have been painful as well as scary for a child. The dead roach then stayed there and the wax grew all around it. I have been an audiologist for twenty years and I can remember something like this happened maybe once in all those years. My memories of Kosoul are kind of haunting. He was just such a sad and pitiful little guy and I wished there was more I could have done for him.

11. No one from Kosoul's defense team ever came to talk to me. I would have been happy to share this information with them if they had. If subpoenaed, I would have been available to testify.

STATE OF NORTH CAROLINA  
COUNTY OF MECKLENBURG

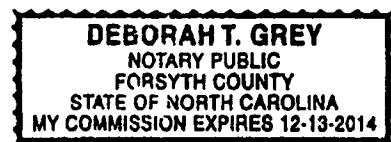
(marie)

Martha C. Sloan-Clancy

2-25-2010

SUBSCRIBED AND SWORN BEFORE ME, the undersigned Notary Public, on this  
the 25<sup>th</sup> day of February 2010.

Deborah Grey  
Notary Public in and for the  
State of North Carolina



## Exhibit 5

Affidavit of Sopha Chanthakouummane

AFFIDAVIT

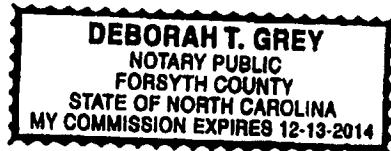
BEFORE ME, THE UNDERSIGNED AUTHORITY, on this date personally appeared Monica (Sophia) *Chanthakoummane* who upon his oath does hereby swear and affirm that the following statements are true and correct:

1. My brother's attorneys talked to me about testifying in his case. I went to Texas and I was willing to testify. My grandfather died and I left to go back to N.C. for the funeral with my father.
2. The attorneys did not ask me if I would come back to testify. If they had asked me, of course I would have come back. They finished the case without me. I don't understand to this day why they did that.
3. I tried calling the lawyer's from North Carolina. I needed to talk to them about testifying. They never returned any of my phone calls. I think I called five times and no one called me back.

*Monica Chanthakoummane*  
3/14/10

Subscribed & sworn before me  
the undersigned Notary Public  
on this day March 14, 2010

*Deborah T. Grey*



## Exhibit 6

### Affidavit of Pam Freeburn

**AFFIDAVIT**

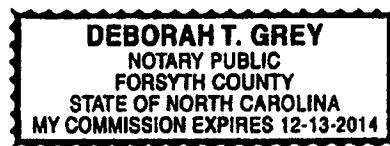
**BEFORE ME, THE UNDERSIGNED AUTHORITY, on this date personally appeared Pam Freeburn who upon his oath does hereby swear and affirm that the following statements are true and correct:**

1. My name is Pam Freeburn and I work for the Mecklenburg County Department of Social Services. I remember the day that Mr. Chanthakouummane's attorneys came to our agency. I was the social work supervisor on call and spoke with them. I thought it unusual at the time that they came all this way but came to our agency without an appointment.
2. I remember that the client had an unusual last name and I recall looking it up. I did tell the attorneys that there was no record in Kosoul's name. I also told them that there were several records with the last name of Chanthakouummane- and that Mr. Chanthakouummane's record could also be listed under a parent name. The attorneys did not ask me about the other records under the name Chanthakouummane, nor did they give me any other family member names to check.
3. It was my observation that the attorneys seemed to be in a hurry. They said they had a plane to catch. They were not interested in follow up on the possibility of records under any other name. At their request, I wrote them a letter that we had no records under the name of Kosoul Chanthakouummane. Had they given me other family member names, I could have easily checked to see if we had records on this family.
4. My understanding is that a thorough records check has now been done and that both Child Protective Services and FACET records have been located. These records were available and could have been located in 2007 when the attorneys visited our agency.

STATE OF NORTH CAROLINA  
COUNTY OF MECKLENBURG

Pam Fralun  
03-03-10

SUBSCRIBED AND SWORN BEFORE ME, the undersigned Notary Public, on this  
the 3rd day of March 2010.



Deborah T. Grey  
Notary Public in and for the  
State of North Carolina



THE STATE OF TEXAS  
COUNTY OF COLLIN

I, ANDREA STROH THOMPSON, DISTRICT CLERK OF THE DISTRICT COURTS, IN AND FOR COLLIN COUNTY, STATE OF TEXAS, HEREBY CERTIFY THAT THE ABOVE AND FOREGOING CONTAINS A TRUE AND CORRECT COPY OF ALL THE PROCEEDINGS DIRECTED TO BE INCLUDED IN THE TRANSCRIPT ON THE 11.071 WRIT OF HABEAS CORPUS IN

CAUSE NO. W380-81972-07-HC  
STYLED: EX PARTE: KOSOUL CHANTHAKOUMMANE

AS IT APPEARS FROM THE ORIGINALS NOW ON FILE AND OF RECORD IN THIS OFFICE IN THE CITY OF MCKINNEY, TEXAS, ON THIS THE 25<sup>TH</sup> DAY OF SEPTEMBER, 2012.

ANDREA STROH THOMPSON, DISTRICT CLERK  
COLLIN COUNTY, MCKINNEY, TEXAS

BY: *Rebecca Hengsmith*  
DEPUTY

